2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2010
Secretary of State

DOCUMENT# L09000017032

Entity Name: VITRECTOMY RECOVERY SOLUTIONS, LLC

Current Principal Place of Business:

15227 STARLEIGH RD.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

15227 STARLEIGH RD.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORETTI, JENNIFER N
15227 STARLEIGH RD.
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

WEEKS, BRIAN M
15227 STARLEIGH RD.
WINTER GARDEN, FL 34787 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN M. WEEKS 04/19/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WEEKS, BRIAN M
Address: 15227 STARLEIGH RD
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: BRIAN M WEEKS MGRM 04/19/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date