2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2011
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: 26-4293744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 WEEKS MGRM 01/06/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date