

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017032

FILED
Feb 06, 2012
Secretary of State

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 Statutes.

SIGNATURE: BRIAN WEEKS

MGRM

02/06/2012

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