

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055502

**Entity Name:** I-CARE VISION CENTER LLC

**FILED**  
**Jun 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3101 S.W. 34TH AVE  
201  
OCALA, FL 34474 US

**New Principal Place of Business:**

3101 S.W. 34TH AVE  
201  
OCALA, FL 34474 US

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 80-0422882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERSAUD, BASMATI N  
321 HIAWATHA AVE.  
INVERNESS, FL 34453 US

**Name and Address of New Registered Agent:**

PERSAUD, BASMATI N  
3101 S.W. 34TH AVE  
201  
OCALA, FL 34474 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: BASMATIA PERSAUD      06/14/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PERSAUD, BASMATI N  
Address: 3101 S.W. 34TH AVE.  
City-St-Zip: OCALA, FL 34474 US

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: NALINI B PERSAUD      MBRS      06/14/2010  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date