

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000073680

FILED
Jan 12, 2010
Secretary of State

Entity Name: MACULA AND DIABETIC EYE CENTER, LLC

Current Principal Place of Business:

4916 26TH STREET WEST
SUITE 200
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

4916 26TH STREET WEST
SUITE 200
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: 27-0671710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: MGR
Name: LIVINGSTON, PETER G MD
Address: 4916 26TH STREET WEST STE. 200
City-St-Zip: BRADENTON, FL 34207 US

Title: P
Name: LIVINGSTON, PETER G MD
Address: 4916 26TH STREET WEST 200
City-St-Zip: BRADENTON, FL 34207 US

Title: MGR
Name: LIVINGSTON, TERRY M
Address: 4916 26TH STREET WEST 200
City-St-Zip: BRADENTON, FL 34207 US

Title: VP
Name: LIVINGSTON, TERRY M
Address: 4916 26TH STREET WEST 200
City-St-Zip: BRADENTON, FL 34207 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: PETER G. LIVINGSTON

MGR

01/12/2010

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