2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MANATEE SARASOTA EYE CLINIC EDUCATIONAL FOUNDATION, LLC

Current Principal Place of Business:

217 MANATEE AVE. E.
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

217 MANATEE AVE. E.
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 27-0904334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAROLLO, STACEY L
217 MANATEE AVE. E.
BRADENTON, FL 34208 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: FRIEDBERG, MURRAY L M.D.
Address: 217 MANATEE AVE.E.
City-St-Zip: BRADENTON, FL 34202

Title: MGRM
Name: MOSCOSO, WALTER E M.D.
Address: 217 MANATEE AVE. E.
City-St-Zip: BRADENTON, FL 34208

Title: MGRM
Name: EDELMAN, ROBERT E M.D.
Address: 217 MANATEE AVE. E.
City-St-Zip: BRADENTON, FL 34208

Title: MGRM
Name: SILVERMAN, SCOTT E M.D.
Address: 217 MANATEE AVE. E.
City-St-Zip: BRADENTON, FL 34208

Title: MGRM
Name: SAMBURSKY, ROBERT P M.D.
Address: 217 MANATEE AVE. E.
City-St-Zip: BRADENTON, FL 34208

Title: MGRM
Name: KHATOR, POOJA M.D.
Address: 217 MANATEE AVE. E.
City-St-Zip: BRADENTON, FL 34208

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: MURRAY FRIEDBERG MGRM 01/08/2010

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