

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000121826

**FILED  
Apr 04, 2012  
Secretary of State**

**Entity Name:** FAMILY VISION CARE CENTER, LLC

**Current Principal Place of Business:**

8201 NW 167TH STREET  
MIAMI LAKES, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

8201 NW 167TH STREET  
MIAMI LAKES, FL 33016 US

**New Mailing Address:**

**FEI Number:** 27-1641596      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ACUNA, ADALBERTO B  
8201 NW 167TH STREET  
MIAMI LAKES, FL 33016 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:** ACUNA, ADALBERTO B  
**Address:** 8201 NW 167TH STREET  
**City-St-Zip:** MIAMI LAKES, FL 33016 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: ADALBERTO B. ACUNA      MGRM      04/04/2012

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