# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 13, 2011**
**Secretary of State**

DOCUMENT# L10000021774

**Entity Name:** PINES VISION CENTER LLC

**Current Principal Place of Business:**

10800 PINES BLVD
SUITE 7
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

10800 PINES BLVD
SUITE 7
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHREIBMAN, BARBARA H
2645 EXECUTIVE PARK DRIVE
SUITE 102
WESTON, FL 33331 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: FALCON, GINNY
Address: 620 N.W. 182ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: FALCON, RENE
Address: 620 N.W. 182ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029 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 Statues.

SIGNATURE: RENE FALCON MGRM 01/13/2011

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