

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000092211

**FILED**  
**Nov 21, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN EYE CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

3429 LITHIA PINECREST RD.  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

3429 LITHIA PINECREST RD.  
VALRICO, FL 33596 US

**New Mailing Address:**

**FEI Number:** 27-3307080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

HOLLIS, BRANNING I  
3429 LITHIA PINECREST RD.  
VALRICO, FL 33596 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: BRANNING I HOLLIS

11/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLLIS, BRANNING  
Address: 3429 LITHIA PINECREST RD.  
City-St-Zip: VALRICO, FL 33596 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: BRANNING I HOLLIS

MGR

11/21/2011

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