

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000104528

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** LOW VISION WORKS MEDICAL CONSULTING, LLC

**Current Principal Place of Business:**

3938 S. TAMIAMI TRAIL  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

3938 S. TAMIAMI TRAIL  
SARASOTA, FL 34231 US

**New Mailing Address:**

FEI Number: 27-4347495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLTON, JOHN A  
1776 RINGLING BLVD.  
SARASOTA, FL 34236 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: VANDENDOOREN, MICHELE  
Address: 3938 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231 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: MICHELE VANDENDOOREN

MGRM

04/14/2011

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