

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061329

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** VISION CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

923 E. GENESEE ST.  
TAMPA, FL 33603

**New Principal Place of Business:**

5133 STERLING MANOR DR.  
TAMPA, FL 33647

**Current Mailing Address:**

P.O. BOX 48681  
TAMPA, FL 33646

**New Mailing Address:**

**FEI Number:** 45-2399210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRSCHMANN, DAVID  
923 E. GENESEE ST.  
TAMPA, FL 33603 US

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

KIRSCHMANN, DAVID  
5133 STERLING MANOR DR.  
TAMPA, FL 33647 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: DAVID KIRSCHMANN

04/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KIRSCHMANN, DAVID  
Address: 5133 STERLING MANOR DR.  
City-St-Zip: TAMPA, FL 33647 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: DAVID KIRSCHMANN

MR

04/09/2012

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