

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000079717

FILED
Oct 06, 2014
Secretary of State

Entity Name: BOCA FAMILY EYE CARE, LLC

Current Principal Place of Business:

9858 CLINT MOORE ROAD, C-107
BOCA RATON, FL 33496 UN

New Principal Place of Business:

9858 CLINT MOORE ROAD
SUITE 107
BOCA RATON, FL 33496 US

Current Mailing Address:

9858 CLINT MOORE ROAD, C-107
BOCA RATON, FL 33496

New Mailing Address:

9858 CLINT MOORE ROAD
SUITE 107
BOCA RATON, FL 33496 US

FEI Number: 45-2721917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORCHARD, STEPHEN P
2255 GLADES ROAD
SUITE 324A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

NEBB, JONATHAN T
9858 CLINT MOORE ROAD
SUITE 107
BOCA RATON, FL 33496 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: JONTHAN NEBB

10/06/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: NEBB, JONATHAN T OD
Address: 16897 BRIDGE CROSSING CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGRM
Name: KAIN NEBB, RACHEL OD
Address: 16897 BRIDGE CROSSING CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JONATHAN NEBB

MGR

10/06/2014

Electronic Signature of Authorized Person

Date