

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000009275

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** LASER & SURGICAL SERVICES AT CENTER FOR SIGHT, L.L.C.

**Current Principal Place of Business:**

2601 S. TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1360 E. VENICE AVENUE  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 65-0974511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICI, JAMES R ESQ.  
% COX & NICI  
1185 IMMOKALEE RD., SUITE 110  
NAPLES, FL 34110 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: SHOEMAKER, DAVID W  
Address: 2601 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

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 W. SHOEMAKER

MGR

04/20/2010

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