

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002138

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** TLC FLORIDA EYE LASER CENTER, LLC

**Current Principal Place of Business:**

1510 NORTH WESTSHORE BOULEVARD  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

16305 SWINGLEY RIDGE RD. #300  
CHESTERFIELD, MO 63017

**New Mailing Address:**

**FEI Number:** 14-1841520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: TLC (INSTITUTE) C/O TLC VISION CORPORATION  
Address: 16305 SWINGLEY RIDGE RD. STE. 300  
City-St-Zip: CHESTERFIELD, MO 63017

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: CHARLES H JUDY

MGRM

01/26/2010

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