

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004328

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** EYE CARE PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

2800 ROSS CLARK CIRCLE  
DOTHAN, AL 363012017

**New Principal Place of Business:**

**Current Mailing Address:**

2800 ROSS CLARK CIRCLE  
DOTHAN, AL 363012017

**New Mailing Address:**

FEI Number: 77-0617571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BROWN, G. THOMAS  
C/O EYE CENTER SOUTH  
826 HARRISON AVENUE  
PANAMA CITY, FL 32401 US

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

BYRD, SHARRON  
C/O EYE CENTER SOUTH  
210 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405 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: SHARRON BYRD

06/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROWN, G. THOMAS  
Address: 2800 ROSS CLARK CIRCLE  
City-St-Zip: DOTHAN, AL 363012017

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEERSINK, MARNIX  
Address: 2800 ROSS CLARK CIRCLE  
City-St-Zip: DOTHAN, AL 363012017

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: STARLA ANDERSON

CFO

06/30/2005

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