

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M04000002720

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Entity Name:** EYE CARE AND SURGERY CENTER OF FT LAUDERDALE, LLC

**Current Principal Place of Business:**

2540 N.E. NINTH STREET  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

2540 N.E. NINTH STREET  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 20-1344254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MADONNA COFFMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MADONNA COFFMAN  
Address: 2889 10AV N SUITE #306  
City-St-Zip: LAKE WORTH, FL 33460

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: MADONNA COFFMAN

MGR

10/19/2010

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