

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M94000000176

FILED
Apr 06, 2010
Secretary of State

Entity Name: PREMIER EYE CARE OF FLORIDA, L.L.C., L.C.

Current Principal Place of Business:

4205 WEST ATLANTIC AVENUE
SUITE #401
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4205 WEST ATLANTIC AVENUE
SUITE #401
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0540341 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KASTEN-AKER, ANN
1445 NORTHWEST BOCA RATON BOULEVARD
BOCA RATON, FL 33432 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: MGR
Name: AKER, ANN KASTEN
Address: 1445 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: MGR
Name: AKER, ALAN B.
Address: 1445 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM
Name: TAYLOR, LORNA L
Address: 4205 WEST ATLANTIC AVENUE, SUITE #401
City-St-Zip: DELRAY BEACH, FL 33445

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: LORNA TAYLOR

MGRM

04/06/2010

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