

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M94000000176

FILED  
Apr 07, 2011  
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 L. TAYLOR

MGRM

04/07/2011

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