

**2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 20, 2011  
Secretary of State**

DOCUMENT# M94000000176

**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:** MGRM  
**Name:** AKER, ANN KASTEN M.D.  
**Address:** 1445 NW BOCA RATON BLVD  
**City-St-Zip:** BOCA RATON, FL 33432

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

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: ALAN B. AKER, M.D.      MGRM      05/20/2011

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