

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M94000000176

FILED
Apr 26, 2012
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:

607 W BAY STREET
TAMPA, FL 33606

Current Mailing Address:

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

New Mailing Address:

607 W BAY STREET
TAMPA, FL 33606

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:

BEDKE, MICHAEL A
100 NORTH TAMPA STREET,
SUITE 2200
TAMPA, FL 33602-580 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: MICHAEL A. BEDKE

04/26/2012

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: ANN KASTEN-AKER, MD

MGRM

04/26/2012

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