

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081071

**Entity Name:** ADVANCED CARE EYE CENTER LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

325 S PARSONS AVE  
BRANDON, FL 33511

**Current Mailing Address:**

325 S PARSONS AVE  
BRANDON, FL 33511 US

**FEI Number:** 26-0674083

**Certificate of Status Desired:** No

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

RATHINASAMY, DILIP M.D.  
307 S BUNGALOW PARK AVE  
UNIT B  
TAMPA, FL 33609 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RATHINASAMY, DILIP M.D.  
Address 307 S BUNGALOW PARK AVE UNIT B  
City-State-Zip: TAMPA FL 33609

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DILIP RATHINASAMY

MGRM

03/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date