

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M9400000176

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

**Current Principal Place of Business:**

6501 PARK OF COMMERCE BLVD  
FIRST FLOOR  
BOCA RATON, FL 33487

**Current Mailing Address:**

6501 PARK OF COMMERCE BLVD  
FIRST FLOOR  
BOCA RATON, FL 33487 US

**FEI Number:** 65-0540341

**Certificate of Status Desired:** No

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

BEDKE, MICHAEL A  
100 NORTH TAMPA STREET,  
SUITE 2200  
TAMPA, FL 33602 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 AUTHORIZED MEMBER  
Name AKER, ANN KASTEN DR.  
Address 1445 NW BOCA RATON BLVD  
City-State-Zip: BOCA RATON FL 33432

Title MEMBER  
Name AKER, ALAN BRENDAN. DR.  
Address 1445 NW BOCA RATON BLVD  
City-State-Zip: BOCA RATON FL 33432

Title MANAGER  
Name TAYLOR, LORNA L  
Address 6501 PARK OF COMMERCE BLVD  
FIRST FLOOR  
City-State-Zip: BOCA RATON FL 33487

*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:** LORNA TAYLOR

**MANAGER**

**02/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date