2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008
Secretary of State

DOCUMENT# L00000006889

Entity Name: FLORIDA VISION LASIK, LLC

Current Principal Place of Business:

1515 N FLAGER DR
STE 510
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1050 SOUTHEAST MONTEREY ROAD
SUITE 104
STUART, FL 34994 US

New Mailing Address:

1050 S.E. MONTEREY ROAD
SUITE 104
STUART, FL 34994 US

FEI Number: 52-2248673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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 ( ) Delete
Name: DAUBERT, JACK
Address: 1515 N. FLAGLER DRIVE, SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAUBERT, JACK M.D.
Address: 1050 S.E. MONTEREY ROAD, STE 104
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JACK DAUBERT, M.D. MGR 03/03/2008

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