


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S62198
 1. Entity Name
 LASERVISION EYE CARE CENTER, INC.



Principal Place of Business
 15600 N.W. 67TH AVENUE
 SUITE 210
 MIAMI LAKES, FL 33014

Mailing Address
 15600 N.W. 67TH AVENUE
 SUITE 210
 MIAMI LAKES, FL 33014



01292007 No Chg-P CR2E034 (11/05)

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4. FEI Number
 65-0282405

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ZAMBRANO, BARBARA
 15600 NW 67TH AVE, # 210
 HIALEAH, FL 33014

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAMBRANO, WILLIAM
STREET ADDRESS	8627 GLENCAIRN TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	STD
NAME	TRENTACOSTE, JOSEPH
STREET ADDRESS	2659 EDGEWATER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000617420
 02/07/07-80074-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1-29-07 DAYTIME PHONE #: 305 825 2020