

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 14, 2007
Secretary of State**

DOCUMENT# S62198

Entity Name: LASERVISION EYE CARE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0282405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMBRANO, BARBARA
15600 NW 67TH AVE, # 210
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

ZAMBRANO, BARBARA
15600 NW 67TH AVE, # 210
MIAMI LAKES, FL 33014 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

03/14/2007

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAMBRANO, WILLIAM,
Address: 8627 GLENCAIRN TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: STD () Delete
Name: TRENTACOSTE, JOSEPH,
Address: 2659 EDGEWATER DR
City-St-Zip: FORT LAUDERDALE, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ACUNA, ADALBERTO B.,
Address: 15432 KIPPORD COURT
City-St-Zip: MIAMI LAKES, FL 33014

Title: STD (X) Change () Addition
Name: ACUNA, ADALBERTO B.,
Address: 15432 KIPPORD COURT
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADALBERTO B. ACUNA

Electronic Signature of Signing Officer or Director

PD

03/14/2007

Date