

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62198

**FILED**  
**Mar 18, 2008**  
**Secretary of State**

**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  
MIAMI LAKES, FL 33014    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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

Title: STD      ( ) Delete  
Name: ACUNA, ADALBERTO B.,  
Address: 15432 KIPPFORD COURT  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD      (X) Change ( ) Addition  
Name: TRENTACOSTE, JOSEPH,  
Address: 2659 EDGEWATER DRIVE  
City-St-Zip: WESTON, FL 33332

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 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: JOSEPH TRENTACOSTE

STD

03/18/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date