

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62198

**FILED**  
**Feb 24, 2010**  
**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  
**Name:** ZAMBRANO,WILLIAM  
**Address:** 8627 GLENCAIRN TERRACE  
**City-St-Zip:** MIAMI LAKES, FL 33016

**Title:** SECT  
**Name:** TRENTACOSTE,JOSEPH  
**Address:** 2659 EDGEWATER DRIVE  
**City-St-Zip:** WESTON, FL 33332

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 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 all other like empowered.

SIGNATURE: JOSEPH TRENTACOSTE

SECT

02/24/2010

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

\_\_\_\_\_ Date