

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62198

FILED  
Jan 14, 2012  
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

**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: WILLIAM ZAMBRANO MD

PD

01/14/2012

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

\_\_\_\_\_ Date