

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052032

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: REFRACTIVE, LLC.

## Current Principal Place of Business:

12916 DUPONT CIRCLE  
TAMPA, FL 33626

## New Principal Place of Business:

12920 DUPONT CIRCLE  
TAMPA, FL 33626

## Current Mailing Address:

12916 DUPONT CIRCLE  
TAMPA, FL 33626

## New Mailing Address:

12920 DUPONT CIRCLE  
TAMPA, FL 33626

FEI Number: 26-2689575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'DONNELL, SEAN  
12916 DUPONT CIRCLE  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

O'DONNELL, SEAN  
12920 DUPONT CIRCLE  
TAMPA, FL 33626 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: SEAN O'DONNELL

01/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MED FOCUS CAPITAL PA, RTNERS, LLC  
Address: 2201 CANTU COURT, SUITE 218  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM ( ) Delete  
Name: GLACIAL MULTIMEDIA, INC  
Address: 1321 WASHINGTON AVE.  
City-St-Zip: PORTLAND, ME 04103

Title: MGRM ( ) Delete  
Name: O'DONNELL, SEAN  
Address: 12916 DUPONT CIRCLE  
City-St-Zip: TAMPA, FL 33626

Title: MGRM ( ) Delete  
Name: HARPER, WILLIE  
Address: 2524 GRAYSON WAY  
City-St-Zip: SAN ANTONIO, TX 78232

Title: MGRM ( ) Delete  
Name: MERCIER, WILLIAM  
Address: 7641 HEYWARD CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL 34201

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: O'DONNELL, SEAN  
Address: 12920 DUPONT CIRCLE  
City-St-Zip: TAMPA, FL 33626

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SEAN O'DONNELL

MGR

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date