2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000003797

1. Entity Name
VISION ALLIANCE OF MID-AMERICA, LLC

Mailing Address

Principal Place of Business 9010 S.W. 117TH STREET MIAMI, FL 33176

9010 S.W. 117TH STREET MIAMI, FL 33176

FILED Apr 15, 2004 08:00 AM Secretary of State



04132004 No Chg-LLC

CR2E083 (10/03)

Fee Required

4. FEI Number Applied For 65-0996093 Not Applicable

5. Certificate of Status Desired 55.00 Additional

8. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BLVD. MIAMI, FL 33131

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 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. I am familiar with, and accept the obligations of registered agent. 			
SIGNATURE_	Signature, typed or ginted name of registered agent and 37e if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FINE, JEFFREY M 9010 S.W. 117 ST MIAMI, FL 33176		U00000114704 04/15/04-80061-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
title name street address city-st-zip		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			

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