

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90045 049 \*\*\*\*50.00

**DOCUMENT # L00000003797**

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



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

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

**DO NOT WRITE IN THIS SPACE**



04272007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0996093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. 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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IN THIS SPACE**

8. 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FINE, JEFFREY M  
9010 S.W. 117 ST  
MIAMI, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MITCHELL, CAMERON  
5 CROWN GATE COURT  
SIMPSONVILLE, SC 29681

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** *Jeffrey M Fine* managing member 4-26-07 (305)794-9482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #