## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000012209

Entity Name: PRADO VISION LASIK CENTER, L.L.C.

FILED Jan 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3667 W. WATERS AVE. 7522 N HIMES AVE TAMPA, FL 33614 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

 3667 W. WATERS AVE.
 7522 N HIMES AVE

 TAMPA, FL 33614
 TAMPA, FL 33614

FEI Number: 59-3749353 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBBINS, R. JAMES JR. 101 EAST REMEDY BLVD., STE 3700 TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

## **MANAGING MEMBERS/MEMBERS:**

MGRM () Delete

 Name:
 PRADO, ANTONIO

 Address:
 3667 W. WATERS AVE.

 City-St-Zip:
 TAMPA, FL 33614

Title: MGRM ( ) Delete

Name: PRADO, LYNNE

Address: 3104 W. WATERS AVE., STE 204

City-St-Zip: TAMPA, FL 33614

## **ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition

Date

Name: PRADO, ANTONIO Address: 7522 N HIMES AVE City-St-Zip: TAMPA, FL 33614

Title: MGRM (X) Change ( ) Addition

Name: PRADO, LYNNE Address: 7522 N HIMES AVE City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTONIO PRADO MRGM 01/14/2004