2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L01000012209

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

Current Principal Place of Business:

7522 N HIMES AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7522 N HIMES AVE
TAMPA, FL 33614

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PRADO, ANTONIO
Address: 7522 N HIMES AVE
City-St-Zip: TAMPA, FL 33614

Title: MGRM ( ) Delete
Name: PRADO, LYNNE
Address: 7522 N HIMES AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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 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: ANTONIO PRADO, M.D. MGRM 01/15/2007

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