

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002678

FILED
Apr 28, 2004
Secretary of State

Entity Name: FUTURE VISION EYE & LASER CENTER LLC

Current Principal Place of Business:

5430 BRUCE B. DOWNS BLVD.
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

Current Mailing Address:

5430 BRUCE B. DOWNS BLVD.
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

FEI Number: 05-0551652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRONICO, LEE A
5430 BRUCE B. DOWNS BLVD.
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

ANDRONICO, LEEANN V
5430 BRUCE B. DOWNS BLVD.
WESLEY CHAPEL, FL 33543 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: LEEANN ANDRONICO

04/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ANDRONICO, LEE A
Address: 28734 STORMCLOUD PASS
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM () Delete
Name: ANDRONICO, CARMAN C
Address: 618 PEACH STREET
City-St-Zip: HAMMONTON, NJ 08037

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDRONICO, LEEANN V
Address: 28734 STORMCLOUD PASS
City-St-Zip: WESLEY CHAPEL, FL 33543 US

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 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: LEE ANN ANDRONICO

MGM

04/28/2004

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