

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010755

FILED
May 02, 2007
Secretary of State

Entity Name: VISION REHABILITATION ASSOCIATES, P.L.

Current Principal Place of Business:

P.O. BOX 970543
BOCA RATON, FL 33497

New Principal Place of Business:

1311 LYONS ROAD
COCONUT CREEK, FL 33063

Current Mailing Address:

P.O. BOX 970543
BOCA RATON, FL 33497

New Mailing Address:

FEI Number: 05-0561494 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOCHMAN, ELLIOT F
3300 PGA BLVD., STE 500
PALM BEACH GARDENS, FL 33410 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEMARCO, LAURA M DR
Address: PO BOX 970543
City-St-Zip: BOCA RATON, FL 33497 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURA M DEMARCO, O.D.

MGR

05/02/2007

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