

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012899

FILED
Apr 23, 2007
Secretary of State

Entity Name: PRO VISION EYE CARE CENTERS, LLC

Current Principal Place of Business:

14100 PALMETTO FRONTAGE ROAD
SUITE 108
MIAMI LAKES, FL 33016

New Principal Place of Business:

16359 MIRAMAR PARKWAY
MIRAMAR, FL 33027

Current Mailing Address:

P.O. BOX 822470
SOUTH FLORIDA, FL 33082

New Mailing Address:

FEI Number: 54-2128303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAAVEDRA, JOSE A ESQ
5975 SUNSET DRIVE
SUITE 504
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

CRUZ-GOVIN, MARLENE
16359 MIRAMAR PARKWAY
MIRAMAR, FL FL 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: MARLENE CRUZ-GOVIN

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRUZ-GOVIN, MARLENE
Address: 14100 PLAMETTO FRONTAGE ROAD, STE 108
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRUZ-GOVIN, MARLENE
Address: P.O.BOX 822470
City-St-Zip: SOUTH FLORIDA, FL 330822470 US

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: MARLENE CRUZ-GOVIN

MGRM

04/23/2007

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