2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L03000012899

Entity Name: PRO VISION EYE CARE CENTERS, LLC

Current Principal Place of Business:

16359 MIRAMAR PARKWAY
MIRAMAR, FL 33027

New Principal Place of Business:

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:

CRUZ-GOVIN, MARLENE
16359 MIRAMAR PARKWAY
MIRAMAR, FL FL 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: CRUZ-GOVIN, MARLENE
Address: P.O.BOX 822470
City-St-Zip: SOUTH FLORIDA, FL 330822470 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: MARLENE CRUZ-GOVIN PRES 03/09/2009

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