2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L03000028407

Entity Name: LAMPERT AND SHEINER, O.D.S, L.L.C.

Current Principal Place of Business:

7035 BERACASA WAY
SUITE 101
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7035 BERACASA WAY
SUITE 101
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 20-0230942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVEN R. BALLINGER, P.A.
888 SOUTH ANDREWS AVENUE
SUITE 205
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

STEVEN D. SHEINER
7035 BERACASA WAY
SUITE 101
BOCA RATON, FL 33433 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: STEVEN SHEINER 01/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAWRENCE D. LAMPERT,, O.D., P.A.,
Address: 7035 BERACASA WAY, SUITE 101
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete
Name: STEVEN D. SHEINER, O, .D., P.A.
Address: 7035 BERACASA WAY, SUITE 101
City-St-Zip: BOCA RATON, FL 33433

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 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: STEVEN SHEINER MGRM 01/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date