

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000033641

FILED
Jan 19, 2007
Secretary of State

Entity Name: VISION FIRST, LLC

Current Principal Place of Business:

C/O MARION AXEL
502 EAST NEW HAVEN
MELBOURNE, FL 32901

Current Mailing Address:

C/O MARION AXEL
502 EAST NEW HAVEN
MELBOURNE, FL 32901

New Principal Place of Business:

C/O WILLIAM J. BROUSSARD, M.D.
502 EAST NEW HAVEN
MELBOURNE, FL 32901

New Mailing Address:

C/O WILLIAM J. BROUSSARD, M.D.
502 EAST NEW HAVEN
MELBOURNE, FL 32901

FEI Number: 90-0108886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

FALLACE, JAMES H ESQ.
1900 S. HICKORY ST.
STE. A
MELBOURNE, FL 32901 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: JAMES H. FALLACE

01/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAYLOR, RALPH R M.D.
Address: 700 S RIVERSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM (X) Delete
Name: FREEMAN, NEAL L M.D.
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM (X) Delete
Name: BROUSSARD, WILLIAM J M.D.
Address: 3660 N RIVERSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM (X) Delete
Name: ZORBIS, ANDREW M.D.
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM (X) Delete
Name: BARKER, PATRICIA
Address: 4708 FAIRVIEW DR
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM (X) Delete
Name: AXEL, MARION
Address: 1697C HWY AIA
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROUSSARD, WILLIAM J M.D.
Address: 502 E. NEW HAVEN
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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 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: WILILAM J. BROUSSARD

MGR

01/19/2007

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