2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# L04000019426

Entity Name: EYE SPECIALTY PROPERTIES, LLC

Current Principal Place of Business:

2889 10TH AVENUE NORTH
LAKE WORTH, FL 33460

New Principal Place of Business:

1717 WOOLBRIGHT RD
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

2889 10TH AVENUE NORTH
LAKE WORTH, FL 33460

New Mailing Address:

1717 WOOLBRIGHT RD
BOYNTON BEACH, FL 33426 US

FEI Number: 01-0814775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD., SUITE 1500 (JAF)
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ZURAW, EDWARD A CPA
209 SE 5TH AVE
DELRAY BEACH, FL 334835206 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: EDWARD A ZURAW 02/24/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FRIEDMAN, LEE M.D.
Address: 2889 10TH AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRIEDMAN, LEE M.D.
Address: 1717 WOOLBRIGHT RD
City-St-Zip: BOYNTON BEACH, FL 33426

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: LEE FRIEDMAN MD MGRM 02/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date