2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# L04000068219

Entity Name: THE REFRACTIVE VISION CENTER, LLC

Current Principal Place of Business:

1935 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009

New Principal Place of Business:

1935 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1935 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009

New Mailing Address:

1935 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE BEACH, FL 33009

FEI Number: 51-0526040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAVERMAN, STANLEY M.D.
1935 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

BRAVERMAN, STANLEY M.D.
1935 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE BEACH, FL 33009 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: 04/20/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BRAVERMAN, STANLEY M.D.
Address: 1935 EAST HALLANDALE BEACH BOULEVARD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BRAVERMAN, STANLEY M.D.
Address: 1935 EAST HALLANDALE BEACH BOULEVARD
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STANLEY BRAVERMAN M.D. MGRM 04/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date