

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058263

FILED
Jul 06, 2006
Secretary of State

Entity Name: EYE INSTITUTE LASIK SURGERY CENTER, LLC

Current Principal Place of Business:

1995 W. NASA BLVD., SUITE 200
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

1995 W. NASA BLVD., SUITE 200
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-3003315 **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:

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901 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: MGR () Delete
Name: MCMANUS, JAMES
Address: 1995 W. NASA BLVD., SUITE 200
City-St-Zip: MELBOURNE, FL 32904

Title: MGR () Delete
Name: SHUMAKE, CHRISTOPHER S
Address: 1995 W. NASA BLVD., SUITE 200
City-St-Zip: MELBOURNE, FL 32904

Title: MGR () Delete
Name: GANIBAN, GARY J
Address: 1995 W. NASA BLVD., SUITE 200
City-St-Zip: MELBOURNE, FL 32904

Title: MGR () Delete
Name: MANDESE, MICHAEL
Address: 1995 W. NASA BLVD., SUITE 200
City-St-Zip: MELBOURNE, FL 32904

Title: MGR (X) Delete
Name: GRASHOFF, ROBERT B
Address: 1995 W. NASA BLVD., SUITE 200
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCMANUS, JAMES N
Address: 1995 W. NASA BLVD., SUITE 200
City-St-Zip: MELBOURNE, FL 32904

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

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

Title: MGR (X) Change () Addition
Name: MANDESE, MICHAEL N
Address: 1995 W. NASA BLVD., SUITE 200
City-St-Zip: MELBOURNE, FL 32904

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: JAMES N. MCMANUS

MGR

07/06/2006

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