

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067098

Entity Name: DRESNER EYE CARE, LLC

FILED
Apr 08, 2007
Secretary of State

Current Principal Place of Business:

2290 WEST EAU GALLIE BLVD
SUITE 101
MELBOURNE, FL 32935

New Principal Place of Business:

8045 SPYGLASS HILL ROAD
BUILDING D-105
MELBOURNE, FL 32940

Current Mailing Address:

2290 WEST EAU GALLIE BLVD
SUITE 101
MELBOURNE, FL 32935

New Mailing Address:

4240 WINDOVER WAY
MELBOURNE, FL 32934

FEI Number: 20-3113539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRESNER, MARK S MD
2290 WEST EAU GALLIE BLVD
SUITE 101
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

DRESNER, MARK S MD
8045 SPYGLASS HILL ROAD
BUILDING D-105
MELBOURNE, FL 32940 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: MARK DRESNER

04/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DRESNER, MARK S MD
Address: 2290 WEST EAU GALLIE BLVD, #101
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DRESNER, MARK S MD
Address: 8045 SPYGLASS HILL ROAD, D-105
City-St-Zip: MELBOURNE, FL 32940

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: MARK DRESNER

MGR

04/08/2007

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