2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 20, 2007
Secretary of State

DOCUMENT# L06000017633

Entity Name: ADVANCED EYE SURGERY CENTER, L.L.C.

Current Principal Place of Business:

3500 US HWY 1
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

3500 US HWY 1
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 51-0567447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD., SUITE A 210
VERO BEACH, FL 329607103 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: DEC CONSULTANTS, INC

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MALLON, WILLIAM J M.D.
Address: 1255 37TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: PTD ( ) Delete
Name: MALLON, WILLIAM J M.D.
Address: 1255 37TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MALLON, WILLIAM J M.D.
Address: 3500 US HWY 1
City-St-Zip: VERO BEACH, FL 32960

Title: PTD (X) Change ( ) Addition
Name: MALLON, WILLIAM J M.D.
Address: 3500 US HWY 1
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify 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: CAROL FANNING MGR 09/20/2007

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