2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L06000024113

Entity Name: QUANTUM EYE CARE NETWORK, LLC

Current Principal Place of Business:

12401 ORANGE DRIVE
SUITE 213
DAVIE, FL 33330

New Principal Place of Business:

12401 ORANGE DRIVE
SUITE 212
DAVIE, FL 33330

Current Mailing Address:

12401 ORANGE DRIVE
SUITE 213
DAVIE, FL 33330

New Mailing Address:

12401 ORANGE DRIVE
SUITE 212
DAVIE, FL 33330

FEI Number: 77-0657783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, MICHAEL P
12401 ORANGE DRIVE
SUITE 212
DAVIE, FL 33330 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: MGRM ( ) Delete
Name: LYNCH, MICHAEL P
Address: 12401 ORANGE DRIVE, STE. 212
City-St-Zip: DAVIE, FL 33330

Title: MGRM (X) Delete
Name: BARALT, JOAQUIN
Address: 12401 ORANGE DRIVE, STE. 213
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES:

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

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

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: MICHAEL LYNCH PRES 04/22/2008

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