2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# L06000049938

Entity Name: ADVANTICA VIRGINIA, LLC

Current Principal Place of Business:

13575 58TH STREET NORTH
SUITE 2020
CLEARWATER, FL 33760 US

New Principal Place of Business:

19321-C US HIGHWAY 19 N
SUITE 320
CLEARWATER, FL 33764 US

Current Mailing Address:

13575 58TH STREET NORTH
SUITE 2020
CLEARWATER, FL 33760 US

New Mailing Address:

19321-C US HIGHWAY 19 N
SUITE 320
CLEARWATER, FL 33764 US

FEI Number: 14-1962062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, HARVEY A
FORD & FORD, P.A.
575 SECOND AVENUE SOUTH, #201
ST. PETERSBURG, FL 33701 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: ADVANTICA EYECARE, L, LC
Address: 13575 58TH STREET NORTH, SUITE 2020
City-St-Zip: CLEARWATER, FL 33760 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALLIED EYECARE,LLC D, /B/A ADVANTICA EYECARE
Address: 19321-C US HIGHWAY 19 N, SUITE 320
City-St-Zip: CLEARWATER, FL 33764 US

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: JOELLEN WOOTEN CONT 02/22/2007

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