

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088537

FILED
Apr 27, 2007
Secretary of State

Entity Name: QUANTUM VISION CARE, LLC

Current Principal Place of Business:

2945 SW 8 STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

2945 SW 8 STREET
MIAMI, FL 33135

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-LORA, CARLOS A M.D.
2945 SW 8 STREET
MIAMI, FL 33135 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: VALDES-LORA, CARLOS A M.D.
Address: 2945 SW 8 STREET
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: GALINDEZ, ORLANDO A M.D.
Address: 401 SW 27 AVE.
City-St-Zip: MIAMI, FL 33135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: OPMG () Change (X) Addition
Name: JENNINGS, CORALIA M
Address: 2000 NW 89 PLACE #121
City-St-Zip: DORAL, FL 33172

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: CARLOS A. VALDES-LORA

MGR

04/27/2007

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