2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088537

Entity Name: QUANTUM VISION CARE, LLC

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2945 SW 8 STREET 1332 WEST FLAGLER STREET

MIAMI, FL 33135 MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

2945 SW 8 STREET 2945 S.W. 8TH STREET MIAMI, FL 33135 MIAMI, FL 33135

FEI Number: 56-2608822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALDES-LORA, CARLOS A M.D. 2945 SW 8 STREET MIAMI, FL 33135

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: () Change () Addition () Delete

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

Title: MGRM () Delete Title: () Change () Addition

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

Title: OPMG () Delete Title: MGRM (X) Change () Addition

JENNINGS, CORALIA M Name: LARA, WILFREDO C M.D. Name: 2000 NW 89 PLACE #121 Address: Address: 713 MADEIRA AVENUE City-St-Zip: DORAL, FL 33172 City-St-Zip: CORAL GABLES, FL 33134

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 ANTONIO VALDES-LORA 01/21/2008