2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004244

Entity Name: F&O HOLDINGS, LLC

FILED May 07, 2009 Secretary of State

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

492 W. DUVAL STREET

LAKE CITY, FL 32055 US

207 S. MARION AVENUE

LAKE CITY, FL 32025 US

Current Mailing Address: New Mailing Address:

PO BOX 550 207 S. MARION AVENUE LAKE CITY, FL 32056 US LAKE CITY, FL 32025 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

FOREMAN, JOEL F
492 W. DUVAL STREET
LAKE CITY, FL 32055 US

FOREMAN, JOEL F
207 S. MARION AVENUE
LAKE CITY, FL 32025 US

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: JOEL F. FOREMAN 05/07/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM () Delete

 Name:
 FOREMAN, JOEL F

 Address:
 492 W. DUVAL STREET

 City-St-Zip:
 LAKE CITY, FL 32055

Title: MGRM () Delete
Name: OLVERA, TOBY V
Address: 492 W. DUVAL STREET

Title: MGRM () Delete

City-St-Zip:

Name: VISION, SURGERY & LASERS, INC.

LAKE CITY, FL 32055

Address: 763 SW MAIN BLVD City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Address: 207 S. MARION AVENUE City-St-Zip: LAKE CITY, FL 32025

Title: MGRM (X) Change () Addition

 Name:
 OLVERA, TOBY V

 Address:
 207 S. MARION AVENUE

 City-St-Zip:
 LAKE CITY, FL 32025

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: JOEL F. FOREMAN MGRM 05/07/2009