2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

DOCUMENT# L08000007119

Entity Name: CORRECTVISION LASER INSTITUTE, LLC

Current Principal Place of Business:

2300 NORTH COMMERCE PARKWAY
SUITE 201
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 35-2308681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EYE PHYSICIANS OF FLORIDA, LLP
1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323 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
Name: EYE PHYSICIANS OF FLORIDA, LLP
Address: 1600 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33322 US

I hereby 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 Statues.

SIGNATURE: SUSAN HECHT CFO 03/25/2011

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