2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L08000052032

Entity Name: REFRACTIVE, LLC.

Current Principal Place of Business:

12916 DUPONT CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

12920 DUPONT CIRCLE
TAMPA, FL 33626

Current Mailing Address:

12916 DUPONT CIRCLE
TAMPA, FL 33626

New Mailing Address:

12920 DUPONT CIRCLE
TAMPA, FL 33626

FEI Number: 26-2689575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'DONNELL, SEAN
12916 DUPONT CIRCLE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

O'DONNELL, SEAN
12920 DUPONT CIRCLE
TAMPA, FL 33626 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: SEAN O'DONNELL 01/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MED FOCUS CAPITAL PA, RTNERS, LLC	
Address:	2201 CANTU COURT, SUITE 218	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MGRM	( ) Delete
Name:	GLACIAL MULTIMEDIA,, INC	
Address:	1321 WASHINGTON AVE.	
City-St-Zip:	PORTLAND, ME 04103	
Title:	MGRM	( ) Delete
Name:	O'DONNELL, SEAN	
Address:	12916 DUPONT CIRCLE	
City-St-Zip:	TAMPA, FL 33626	
Title:	MGRM	( ) Delete
Name:	HARPER, WILLIE	
Address:	2524 GRAYSON WAY	
City-St-Zip:	SAN ANTONIO, TX 78232	
Title:	MGRM	( ) Delete
Name:	MERCIER, WILLIAM	
Address:	7641 HEYWARD CIRCLE	
City-St-Zip:	UNIVERSITY PARK, FL 34201	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	O'DONNELL, SEAN	
Address:	12920 DUPONT CIRCLE	
City-St-Zip:	TAMPA, FL 33626	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: SEAN O'DONNELL MGR 01/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date