2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

Mar 21, 2008 08:00 A ANNUAL REPORT Secretary of State DOCUMENT # L61600 1. Entity Name WEST BROWARD EYECARE ASSOCIATES, INC. Mailing Address Principal Place of Business 7822 N. UNIVERSITY DRIVE 7822 N. UNIVERSITY DRIVE TAMARAC, FL 33321 TAMARAC, FL 33321 No Chg-P CR2E034 (11/05) 01182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3003170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GARMIZO, GUSTAVO 7822 N. UNIVERSITY DRIVE TAMARAC, FL 33321 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GARMIZO, GUSTAVO NAME 7822 N. UNIVERSITY DRIVE STREET ADDRESS CITY-ST-2IP TAMARAC, FL 33321 TITLE id 5 i uddadda865871 5 5 4 NAME 5 04/08/08-80007-002 150:00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C/TY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an latitudes with all other like empowered.

SIGNATURE: