2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003
Secretary of State

DOCUMENT# L99000000601

Entity Name: VISUS, L.L.C.

Current Principal Place of Business:

7940 N. FEDERAL HWY., STE. 200
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

7940 N. FEDERAL HWY., STE. 200
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0898782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLACHMAN, NEIL
7940 N. FEDERAL HWY., STE. 200
BOCA RATON, FL 33487

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/MEMBERS:

Title:	MGRM ( ) Delete
Name:	GLACHMAN, NEIL
Address:	17888 FIELDBROOK CIRCLE
City-St-Zip:	BOCA RATON, FL 33496
Title:	MGRM ( ) Delete
Name:	GAD, SAMIR
Address:	400 VIVIANE AVE.
City-St-Zip:	MT ROYALE QUEBEC H3P1P5,
Title:	MGRM ( ) Delete
Name:	SNYDER, RONALD P
Address:	2200 NW 57TH ST
City-St-Zip:	BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	IMPERIAL OPTICAL,
Address:	1 LINCOLN BLVD.
City-St-Zip:	ROUSES POINT, NY 12979
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEIL GLACHMAN MGRM 01/27/2003

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