2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 08:00 AM
Secretary of State

DOCUMENT # L99000003264

1. Entity Name
THE LASER VISION INSTITUTE, L.L.C.

Principal Place of Business	Mailing Address
3701 SOUTH CONGRESS AVE LAKE WORTH FL 33461	3701 SOUTH CONGRESS AVE LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3801 SOUTH CONGRESS AVE	3801 SOUTH CONGRESS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33461 Country:	Zip: 33461 Country:

4. FEI Number 65-0927564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIFRONY MATTHEW ESQ.
110 SOUTHEAST 6TH ST., 15TH FLOOR
FORT LAUDERDALE FL
33301 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE MATTHEW ZIFRONY, ESQ. 06/20/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	MUSA MARCO	NAME	MUSA MARCO
STREET ADDRESS	3701 SOUTH CONGRESS AVENUE	STREET ADDRESS	3801 SOUTH CONGRESS AVENUE
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	LAKE WORTH FL 33461
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Marco Musa MGR 06/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #