

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003264

FILED
Jan 14, 2004
Secretary of State

Entity Name: THE LASIK VISION INSTITUTE, LLC

Current Principal Place of Business:

3801 SOUTH CONGRESS AVE
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

3801 SOUTH CONGRESS AVE
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0927564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGR () Delete
Name: MUSA, MARCO
Address: 3801 SOUTH CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOHAN, KEVIN P
Address: 3801 SOUTH CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR () Change (X) Addition
Name: COOK, BEN L
Address: 3801 SOUTH CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

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: BEN L. COOK

MGR

01/14/2004

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