## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005098  1. Entity Name ODYSSEY LASER VISION CENTER LLC						FILED  OI MAR 19 PM 1:29  SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business Mailing Address  16244 S. MILITARY TRAIL. SUITE 660 16244 S. MILITARY TRAIL  DELRAY BEACH FL 33484 DELRAY BEACH FL 33484									18.00 (80)	
2. Principal Place of Business 3. Mailing Address						1 1800 1190 () 010 10114 10114 0514 0514 00114		<b>PI</b> #1 BI#11 <b>#6</b> 118 1	1010110111001	
Suite, Apt. #, etc. Suite, Apt. #, etc.			,			DO NOT WRITE IN THIS SPACE				
City & State	•	City & State	ty & State			umber APPLIED FO	R	<u> </u>	plied For t Applicable	
Zip	Country	Zip	ip Coun			icate of Status Desired		\$5.00 Addi	itional	
	6. Name and Address of Current	<u> </u>		7. Name	and Address of New Rec					
ROTHCHILD, ERIC J MD 16244 S. MILITARY TRAIL, SUITE 660 DELRAY BEACH FL 33484				Name						
				Street Address	eet 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 _	Signature, typed or printed name of registered agent a	and title if applicable. (NC	TE: Registere	ad Agent signature requi	red when reinstati	ng)	DATE			
		FILE N	10W!!!	FEE IS \$50.00	0				:	
•		Make Check P	ayable 1	to Department	of State			4.		
9. MANAGING MEMBERS/MEMBERS						ADDITIONS/C	HANGES			
TITLE	MGRM	. Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS	ROTHCHILD, ERIC J MD 16244 S. MILITARY TRAIL, SUITE	660		EET ADDRESS						
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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.										
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SIGNAT	CONTINE AND TYPED OF PRINTED NAME O	E SIGNING MANAGING MENDER M	ANAGER OF	R AUTHORIZED REPRE	SENTATIVE	Date	D	avtime Phone #		