

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005098

**FILED**  
**Jul 05, 2007**  
**Secretary of State**

**Entity Name:** ODYSSEY LASER VISION CENTER LLC

**Current Principal Place of Business:**

16244 S. MILITARY TRAIL, SUITE 660  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

16244 S. MILITARY TRAIL  
STE 690  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 65-0985822      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROTHCHILD, ERIC J MD  
16244 S. MILITARY TRAIL, SUITE 660  
DELRAY BEACH, FL 33484      US

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/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** ROTHCHILD, ERIC J MD  
**Address:** 16244 S. MILITARY TRAIL, SUITE 660  
**City-St-Zip:** DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** ERIC J. ROTHCHILD, M.D.

MGR.

07/05/2007

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