2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005098

1. Entity Name

ODYSSEY LASER VISION CENTER LLC



FILED Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90027 044 ****50.00

						′					
Principal Place of Business 16244 S. MILITARY TRAIL. SUITE 660 DELRAY BEACH FL 33484			Mailing Address 16244 S. MILITARY TRAIL. SUITE 660 DELRAY BEACH FL 33484				11 0 14 818 191	uk Jaire Pates kar	lis kap isas mu seks s		48181 1811 1881
2. Principal I	Place of Business	-	3. Mailing Address			-					
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te		. City & State			4. FEI Nur	mber	65-098582	22	-	Applied For Not Applicable
Zip	Co	Zip	Count	try	5. Certifica	ate of Sta	tus Desired		\$5.00 Ac	dditional	
	6. Name and	Address of Current F	Registered Agent		۱۰ بیندان مان د با در	7. Name a	ind Addr	ess of New F	Registered		
	THCHILD, ERIC .	J MD TRAIL, SUITE 660	•			(P.O. Box Nurr					
	RAY BEACH FL		:								
	· · · · · ·				City				FL		
8. The above the obligat	named entity sub tions of registered	mits this statement for agent.	the purpose of changing its	registere	d office or registe	ered agent, or t	both, in th	ne State of Flo	orida. I am	familiar with	, and accept
SIGNATURE	Signature, typed or print	ed name of registered agent an	d title if applicable (NOT)	F. D/	Agent signature require						
			FILE NO	OW!!! F	EE IS \$50.00				DATE		
9.		MANAGING MEMBER	S/MANAGERS	10.		· · · · · · · · · · · · · · · · · · ·	i	ADDITIONS	CHANGES		
TITLE	MGRM		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROTHCHILD, I 16244 S. MILI DELRAY BEAC	TARY TRAIL, SUITE	660	NAME STREE CITY-:	T ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST- ZIP		مير جنس د			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-S	ı				,	Change	Addition
			is filing does not qualify for at my signature shall have th mpowered to execute this re						further ceri ing membe	ify that the in r or manage	nformation r of the

R, MANAGER, OR AUTHORIZED REPRESENTATIVE