

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 28 AM 9:45

DOCUMENT # M00000000101 1. Entity Name THE MELBOURNE RC, LLC					
Principal Place of Business 20 BURTON HILLS BLVD. NASHVILLE, TN 37215			Mailing Address 20 BURTON HILLS BLVD. NASHVILLE, TN 37215		
2. Principal Place of Business 502 East New Haven Suite, Apt. #, etc.		3. Mailing Address 502 East New Haven Suite, Apt. #, etc.			
City & State Melbourne, Florida		City & State Melbourne, Florida		08222005 REIN-LLC CR2E101 (6/04)	
Zip 32901		Country USA		4. FEI Number 62-1806249	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Marion Axel William J. Broussard Street Address (P.O. Box Number is Not Acceptable) 502 East New Haven City Melbourne FL Zip Code 32901		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Marion Axel Wm. Broussard 8/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE MELBOURNE PREMIER SENIOR REFRACTIVE, L 20 BURTON HILLS BLVD. NASHVILLE, TN 37215		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Florida Laser Center, L.L.C. 502 East New Haven Melbourne, Florida 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALTH FIRST, INC. 8249 DEVEREUX DRIVE MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM The Melbourne Premiere Senior Refractive 502 East New Haven Melbourne, Florida 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060020769 09/28/05--01005--006 **205.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04-05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			William J. Broussard, M.D. 8/23/05 321-726-4000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		