2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M9400000176

City-St-Zip:

DELRAY BEACH, FL 33444

Entity Name: PREMIER EYE CARE OF FLORIDA, L.L.C., L.C.

Apr 19, 2002 8:00 AM Secretary of State

New Principal Place of Business: Current Principal Place of Business: 120 N. SWINTON AVENUE DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 120 N. SWINTON AVENUE DELRAY BEACH, FL 33444 FEI Number: 65-0540341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASTEN-AKER, ANN 1445 NORTHWST BOCA RATON BOULEVARD BOCA RATON, FL 33432 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/MEMBERS: ADDITIONS/CHANGES:** () Change () Addition () Delete AKER, ANN KASTEN Name: Name: Address: 1445 NW BOCA RATON BLVD Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: AKER, ALAN B. Name: Address: 1445 NW BOCA RATON BLVD Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition TAYLOR, LORNA L Name: TAYLOR-GREGORY, LORNA L Name: 120 N. SWINTON AVENUE Address: Address: 120 N. SWINTON AVENUE

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.

City-St-Zip:

DELRAY BEACH, FL 33444

SIGNATURE: LORNA L. TAYLOR-GREGORY MGRM 04/19/2002