

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053241

FILED  
May 01, 2008  
Secretary of State

Entity Name: TOTAL VISION CARE GROUP, INC.

## Current Principal Place of Business:

1340 WEST FLAGLER ST  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

1340 WEST FLAGLER ST  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 41-2042902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABARTA, LYNN  
1340 WEST FLAGLER ST  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LABARTA, LARRY  
Address: 1340 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL 33135

Title: S ( ) Delete  
Name: LABARTA, LYNN  
Address: 1340 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL 33135

Title: VP ( ) Delete  
Name: ZERON, VIRGINIA  
Address: 1340 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA ZERON

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date