

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000105411

**FILED  
Mar 03, 2004  
Secretary of State**

**Entity Name:** VISION SPECIALTY CARE, INC.

**Current Principal Place of Business:**

707 NW 57TH AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

707 NW 57TH AVE  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 33-1025365      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LABARTA, LARRY  
5778 ALTON ROAD  
MIAMI BEACH, FL 33140      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LABARTA, LARRY MD  
Address: 5778 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S      ( ) Delete  
Name: LABARTA, LYNN  
Address: 1033 LENOX AVE #203  
City-St-Zip: MIAMI BEACH, FL 33139

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: LABARTA, LARRY MD  
Address: 707 NW 57TH AVE  
City-St-Zip: MIAMI, FL 33126 US

Title: S      (X) Change ( ) Addition  
Name: LABARTA, LYNN  
Address: 707 NW 57TH AVE  
City-St-Zip: MIAMI, FL 33126 US

Title: VP      ( ) Change (X) Addition  
Name: ZERON, VIRGINIA  
Address: 707 NW 57TH AVE  
City-St-Zip: MIAMI, FL 33126 US

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 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: LARRY LABARTA

P

03/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date