

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105411

FILED
Jan 13, 2006
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:

1332 WEST FLAGLER ST
MIAMI, FL 33135

Current Mailing Address:

707 NW 57TH AVE
MIAMI, FL 33126

New Mailing Address:

1332 WEST FLAGLER ST
MIAMI, FL 33135

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
707 NW 57TH AVE
MIAMI, FL 33126 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: 707 NW 57TH AVE
City-St-Zip: MIAMI, FL 33126 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LABARTA, LARRY MD
Address: 1332 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33135 US

Title: S (X) Change () Addition
Name: LABARTA, LYNN
Address: 1332 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33135 US

Title: VP (X) Change () Addition
Name: ZERON, VIRGINIA
Address: 1332 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33135 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY LABARTA

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date