

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105411

FILED  
May 01, 2008  
Secretary of State

Entity Name: VISION SPECIALTY CARE, INC.

**Current Principal Place of Business:**

1332 WEST FLAGLER ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1332 WEST FLAGLER ST  
MIAMI, FL 33135

**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  
707 NW 57TH AVE  
MIAMI, FL 33126      US

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

LABARTA, LARRY  
1332 WEST FLAGLER STREET  
MIAMI, FL 33135      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: \_\_\_\_\_ 05/01/2008  
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 MD  
Address: 1332 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL 33135 US

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

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

**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