

Amended

FILED  
Jul 24, 2003 8:00 A.M.  
Secretary of State

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000105411

1. Entity Name  
VISION SPECIALTY CARE, INC.

Principal Place of Business  
5778 ALTON RD.  
MIAMI BEACH, FL 33140

Mailing Address  
5778 ALTON RD.  
MIAMI BEACH, FL 33140

2. Principal Place of Business  
707 NW 57<sup>th</sup> Ave.  
Suite, Apt #, etc.

3. Mailing Address  
same

City & State  
Miami, FL

City & State  
same

City & State  
Miami, FL

City & State  
same

4. FEI Number  
33-1025365

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LABARTA, LARRY  
6778 ALTON ROAD  
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] DATE: 7-21-03

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZERON, FREDDY 9986 SW 31 TER. MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LABARTA, LYNN 1033 LENOX AVE #203 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 7-21-03

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CHECK HERE IF MAKING CHANGES

PLEASE NOW PAY FEES OF \$25.00  
After May 1, 2003, Fees will be \$250.00  
Amended UBRs to \$25.00  
Name Check Payable to Florida Department of State

delete →

CFR2003 (10/02)

305-263-9050  
7/25