

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 57th Ave.  
Suite, Apt #, etc.  
3. Mailing Address  
same

City & State  
Miami, FL  
Zip  
33126  
Country  
USA

300022081293  
08/06/03--01002--017 \*\*61.25



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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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  
DATE 7-21-03

PLEASE NOW PAY FEES OF \$50.00  
After May 1, 2003, Fees will be \$250.00  
Amended UBRs to \$20.00  
Name Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ZERON, FREDDY	
STREET ADDRESS	9985 SW 31 TER.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	LABARTA, LYNN	
STREET ADDRESS	1033 LENOX AVE #203	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY LABARTA M.D.	
STREET ADDRESS	5778 ALTON Rd.	
CITY-ST-ZIP	Miami Bch, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

delete ->

CFR2003 (10/02)

305-263-9050  
7/25