2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # L01000018714 1. Entity Name 01-28-2002 90026 048 ****50.00 F.P. LASER, LLC Principal Place of Business Mailing Address 71106 1152 GOODLETTE ROAD NORTH 1152 GOODLETTE ROAD NORTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 5 9 -3751038 City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIMOTHY J. COTTER. P.A. Street Address (P.O. Box Number is Not Acceptable) 999 9TH STREET SOUTH SUITE 103 NAPLES FL 34102 City Zlp Code 8. The above named ent purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 1 d tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9, MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change ☐ Addition CR2E083 (9/01 NAME PRYSI, MARK F DR. MAME STREET ADDRESS STREET ADDRESS 1152 GOODLETTE ROAD NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 mre Delete MGR TITLE ☐ Change ☐ Addition NAME FOX. ELIZABETH NAME STREET ADDRESS STREET ADDRESS 4089 TAMIAMI TRAIL NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Chance Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee employees to execute this report as required by Chapter 608, Florida Statutes.

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PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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