


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000004647  
1. Entity Name  
LASIK PRO, P.A.



Principal Place of Business 121 W. UNDERWOOD ST. ORLANDO, FL 32806-1111	Mailing Address 121 W. UNDERWOOD ST. ORLANDO, FL 32806-1111
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01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3619148	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
DEN BESTE, BRIAN P O.D.  
121 W. UNDERWOOD ST.  
ORLANDO, FL 32806-1111

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOODRAM, KRANSTON O.D. 121 W. UNDERWOOD ST. ORLANDO, FL 328061111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEN BESTE, BRIAN P O.D. 121 W. UNDERWOOD ST. ORLANDO, FL 328061111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRUDER, G. BROCK JR OD 121 W. UNDERWOOD ST. ORLANDO, FL 328061111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000382287  
01/24/06-80077-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/16/06 Daytime Phone # \_\_\_\_\_