
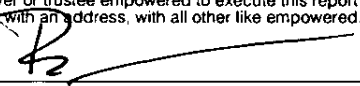


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90017 018 ***150.00

DOCUMENT # P0000004647			
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	
2. Principal Place of Business - No P.O. Box # <i>105 Bonnie Loch</i>		3. Mailing Address <i>105 Bonnie Loch</i>	
Suite, Apt. #, etc. <i>Suite A</i>		Suite, Apt. #, etc. <i>Suite A</i>	
City & State <i>ORLANDO</i>		City & State <i>Orlando</i>	
Zip <i>32006</i>	Country <i>USA</i>	Zip <i>32</i>	Country <i>USA</i>
4. FEI Number 59-3619148		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEN BESTE, BRIAN P O.D. 121 W. UNDERWOOD ST. ORLANDO, FL 32806-1111		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>105 Bonnie Loch Suite A</i> City <i>Orlando</i> FL Zip Code <i>32806</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BOODRAM, KRANSTON O.D. <input checked="" type="checkbox"/> Delete 121 W. UNDERWOOD ST. ORLANDO, FL 328061111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEN BESTE, BRIAN P O.D. <input type="checkbox"/> Delete 121 W. UNDERWOOD ST. ORLANDO, FL 328061111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>105 Bonnie Loch Suite A</i> <i>Orlando FL 32806</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRUDER, G. BROCK JR OD <input checked="" type="checkbox"/> Delete 121 W. UNDERWOOD ST. ORLANDO, FL 328061111	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
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 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: 		Date: <i>2/13/08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	