

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004647

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: LASIK PRO, P.A.

**Current Principal Place of Business:**

105 BONNIE LOCH COURT  
SUITE A  
ORLANDO, FL 328061111

**New Principal Place of Business:**

**Current Mailing Address:**

105 BONNIE LOCH COURT  
SUITE A  
ORLANDO, FL 328061111

**New Mailing Address:**

FEI Number: 59-3619148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEN BESTE, BRIAN P O.D.  
105 BONNIE LOCH COURT  
SUITE A  
ORLANDO, FL 328061111 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DEN BESTE, BRIAN P O.D.  
Address: 105 BONNIE LOCH COURT SUITE A  
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN P. DEN BESTE

D

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date