2-2295-B-1493-XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # P27378 (9)

1. Corporation Name

LASER INSTITUTE OF AMERICA, INC.

Principal Place of Business	Mailing Address
12424 RESEARCH PARKWAY SUITE 125 ORLANDO FL 32826 US	12424 RESEARCH PARKWAY SUITE 125 ORLANDO FL 32826 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1989
3a. Date of Last Report: 01/21/1994
4. FEI Number: 95-2535904 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAKER, PETER M.
740 RIVERBOAT CIRCLE
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LAURIN, WENDY	12 NAME	DR. WILLIAM SCHWARTZ	
STREET ADDRESS	BERKSHIRE COMMON	13 STREET ADDRESS	3403 N. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	PITTSFIELD MA	14 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	P	21 TITLE	PRESIDENT-ELECT	XX Change ☐ Addition
NAME	SCHWARTZ, WILLIAM	22 NAME	DR. DAVE FARSON	
STREET ADDRESS	3403 N. ORANGE BLOSSOM TRAIL	23 STREET ADDRESS	NORTH ATHERTON ST.	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	STATE COLLEGE, PA 16801	
TITLE	S	31 TITLE	SECRETARY	XX Change ☐ Addition
NAME	FARSON, DAVE	32 NAME	SARAH CHRISTENSEN	
STREET ADDRESS	NORTH ATHERTON ST	33 STREET ADDRESS	4445 NICOLE DR, LANHAM, MD 20706	
CITY-ST-ZIP	STATE COLLEGE PA	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	CRAMER, LARRY	42 NAME		
STREET ADDRESS	1130 SOMERSET ST	43 STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK NJ	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BAKER, PETER M	52 NAME		
STREET ADDRESS	740 RIVERBOAT CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Peter Baker 02-15-95 407-380-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #