

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P27378** (9)

1. Corporation Name

LASER INSTITUTE OF AMERICA, INC.

Principal Place of Business

12424 RESEARCH PARKWAY
SUITE 125
ORLANDO FL 32826
US

Mailing Address

12424 RESEARCH PARKWAY
SUITE 125
ORLANDO FL 32826-3274
US3. Date Incorporated or Qualified
12/18/19893a. Date of Last Report
04/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

95-2535904

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, PETER M.
740 RIVERBOAT CIRCLE
ORLANDO FL 32828

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FARSON, DAVE
STREET ADDRESS 1990 W. 19TH ST.
CITY-ST-ZIP COLUMBUS OH 43210☐ DELETETITLE PD
NAME SLINEY, DAVID DR.
STREET ADDRESS LASER MICROWAVE DIV. ABERDEEN PRV. GRDS.
CITY-ST-ZIP ABERDEEN MD 21010☐ DELETETITLE SD
NAME CHRISTENSEN, SARAH
STREET ADDRESS 4445 NICOLE DR
CITY-ST-ZIP LANHAM MD☐ DELETETITLE T
NAME CRAMER, LARRY
STREET ADDRESS 1130 SOMERSET ST
CITY-ST-ZIP NEW BRUNSWICK NJ☐ DELETETITLE D
NAME BAKER, PETER M
STREET ADDRESS 740 RIVERBOAT CIRCLE
CITY-ST-ZIP ORLANDO FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Sliney, David Dr.
1.3 STREET ADDRESS US Army CHPPM, Optical Rad. Program
1.4 CITY-ST-ZIP Aberdeen Pvg Gd., MD 21010-5422☒ Change☐ Addition2.1 TITLE PD
2.2 NAME Christensen, Sarah
2.3 STREET ADDRESS 4445 Nicole Dr.
2.4 CITY-ST-ZIP Lanham, MD 20706☒ Change☐ Addition3.1 TITLE SD
3.2 NAME Mazumder, Jyoti Dr.
3.3 STREET ADDRESS 2350 Hayward St.
3.4 CITY-ST-ZIP Ann Arbor, MI 48109-2125☒ Change☐ Addition4.1 TITLE T
4.2 NAME Feeley, Terry
4.3 STREET ADDRESS 70 Dean Knauss Dr.
4.4 CITY-ST-ZIP Narragansett, RI 02882☒ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-97

407-380-1553

Date

Daytime Phone # 0017707

CR2E037 (9/96)