


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # P27378 (9)**  
 1. Corporation Name  
**LASER INSTITUTE OF AMERICA, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>12424 RESEARCH PARKWAY<br/>SUITE 125<br/>ORLANDO FL 32826<br/>US</b> | Mailing Address<br><b>12424 RESEARCH PARKWAY<br/>SUITE 125<br/>ORLANDO FL 32826<br/>US</b> |
|--|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>12/18/1989</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 4. FEI Number<br><b>95-2535904</b>   |   |   |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

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

**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**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE<br><b>PD</b>         | <b>FARSON, DAVE</b><br>1990 W. 19TH ST.<br>COLUMBUS OH 43210                            | <input checked="" type="checkbox"/> DELETE            |   |
| TITLE<br><b>PD</b>         | <b>SLINEY, DAVID DR.</b><br>US ARMY CHPPM, OPTICAL RAD PROGRAM<br>ABERDEEN PVG GD MD 22 | <input checked="" type="checkbox"/> DELETE            |   |
| TITLE<br><b>SD</b>         | <b>CHRISTENSEN, SARAH</b><br>4445 NICOLE DR<br>LANHAM MD                                | <input type="checkbox"/> DELETE                       | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br><b>T</b>          | <b>CRAMER, LARRY</b><br>1130 SOMERSET ST<br>NEW BRUNSWICK NJ                            | <input checked="" type="checkbox"/> DELETE            | <b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Oreiro, Florence</b><br>Ten Tara Blvd., Fifth Floor<br>Nashua, NH 03062 |
| TITLE<br><b>D</b>          | <b>BAKER, PETER M</b><br>740 RIVERBOAT CIRCLE<br>ORLANDO FL                             | <input type="checkbox"/> DELETE                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br><b>SD</b>         | <b>MAZUMDER, JYOTI D</b><br>2350 HAYWARD ST<br>ANN ARBOR MI 25                          | <input type="checkbox"/> DELETE                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I 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 *Peter M. Baker* Peter M. Baker 02-17-98 407-380-1553

CF2E037 (10/97)