

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90097 041 ****70.00

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DOCUMENT # P27378

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
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/18/1989

4. FEI Number
95-2535904

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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 ☐ DELETE
NAME **TD OREIRO, FLORENCE**
STREET ADDRESS **TEN TARA BLVD., FIFTH FLOOR**
CITY-ST-ZIP **NASUA NH 03062**

TITLE ☐ DELETE
NAME **PD CHRISTENSEN, SARAH**
STREET ADDRESS **4445 NICOLE DR**
CITY-ST-ZIP **LANHAM MD**

TITLE ☒ DELETE
NAME **T CRAMER, LARRY**
STREET ADDRESS **1130 SOMERSET ST**
CITY-ST-ZIP **NEW BRUNSWICK NJ**

TITLE ☐ DELETE
NAME **D BAKER, PETER M**
STREET ADDRESS **740 RIVERBOAT CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **SD MAZUMDER, JYOTI D**
STREET ADDRESS **2350 HAYWARD ST**
CITY-ST-ZIP **ANN ARBOR MI 25**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Terry Feeley**
2.3 STREET ADDRESS **70 Dean Knauss Drive**
2.4 CITY-ST-ZIP **Narragansett, RI 02882**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Dana Marshall**
5.3 STREET ADDRESS **20 Point West Blvd.**
5.4 CITY-ST-ZIP **St. Charles, MO 63301**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

Peter M. Baker

02-01-99

407-380-1553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)