

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27378

FILED
Mar 26, 2009
Secretary of State

Entity Name: LASER INSTITUTE OF AMERICA, INC.

Current Principal Place of Business:

13501 INGENUITY DR
SUITE 128
ORLANDO, FL 32826 US

New Principal Place of Business:

Current Mailing Address:

13501 INGENUITY DR
SUITE 128
ORLANDO, FL 32826 US

New Mailing Address:

FEI Number: 95-2535904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKER, PETER M.
740 RIVERBOAT CIRCLE
ORLANDO, FL 32828 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: T () Delete
Name: CAPP, STEPHEN
Address: 3021 NORTH DELANY ROAD
City-St-Zip: WAUKEGAN, IL 600871826

Title: PD () Delete
Name: OSTENDORF, ANDREAS
Address: HOLLERITHALLEE 8
City-St-Zip: HANNOVER, D 30419, GE

Title: D () Delete
Name: BAKER, PETER M,
Address: 740 RIVERBOAT CIRCLE
City-St-Zip: ORLANDO, FL

Title: SD () Delete
Name: LOFFLER, KLAUS
Address: JOHANN MAUS STRASSE 2
City-St-Zip: DITZINGEN, D-71254, GE 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PATEL, RAJESH
Address: 1330 TERRA BELLA AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BAKER

D

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date