

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000109781

Entity Name: LASER MEDICA, LLC

Current Principal Place of Business:

8645 NORTH MILITARY TRAIL
SUITE 409
WEST PALM BEACH, FL 33410

Current Mailing Address:

8645 NORTH MILITARY TRAIL
SUITE 409
WEST PALM BEACH, FL 33410 US

FEI Number: 45-3448020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEIN, MIMI CPA
1764 N CONGRESS AVE
SUITE 200
WEST PALM BEACH, FL 33409 US

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

Authorized Person(s) Detail :

Title MGRM
Name COSTELLO, JOSEPH A. DR.
Address 614 PARK PLACE
City-State-Zip: WEST PALM BEACH FL 33401

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A COSTELLO

MNGR

01/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date