

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001531

**Entity Name:** LASER SPECIALTY MEDICAL, LLC

**Current Principal Place of Business:**

100 W THIRD AVE, SUITE 350  
COLUMBUS, OH 43201

**Current Mailing Address:**

100 W THIRD AVE, SUITE 350  
COLUMBUS, OH 43201

**FEI Number:** 38-3922862

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           TREASURER  
Name           HAJJAR, PAUL  
Address        100 W THIRD AVE, SUITE 350  
City-State-Zip: COLUMBUS OH 43201

*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:** PAUL HAJJAR

**TREASURER**

**06/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date