

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P27378

**Entity Name:** LASER INSTITUTE OF AMERICA, INC.**Current Principal Place of Business:**13501 INGENUITY DR  
SUITE 128  
ORLANDO, FL 32826**Current Mailing Address:**13501 INGENUITY DR  
SUITE 128  
ORLANDO, FL 32826 US**FEI Number:** 95-2535904**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKER, PETER M.  
740 RIVERBOAT CIRCLE  
ORLANDO, FL 32828 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**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | CAPP, STEPHEN          |
| Address         | 3021 N DELANY RD       |
| City-State-Zip: | WAUKEGAN IL 60087-1826 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | BAKER, PETER         |
| Address         | 740 RIVERBOAT CIRCLE |
| City-State-Zip: | ORLANDO FL 32828     |

|                 |  |
|-----------------|--|
| Title           | PRESIDENT                                |
| Name            | LI, LIN                                  |
| Address         | SACKVILLE ST., PARISER BLDG              |
| City-State-Zip: | MANCHESTER, GREAT BRITAIN M60<br>1QD OC  |
| Title           | SECRETARY                                |
| Name            | BRANDT, MILAN                            |
| Address         | PO BOX 71                                |
| City-State-Zip: | BUNDOORA VICTORIA, AUSTRALIA<br>OC 03083 |

*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 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 all other like empowered.*

**SIGNATURE:** PETER BAKER

EXECUTIVE DIRECTOR

02/01/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date