

**2013 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            PRESIDENT  
Name            LOEFFLER, KLAUS  
Address        JOHANN MAUS STRASSE 2  
City-State-Zip: DITZINGEN 71254

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

Title            SECRETARY  
Name            THOMAS, ROBERT  
Address        AFRL 711HPW/RHDO, 4141  
                  PETROLEUM RD  
City-State-Zip: FORT SAM HOUSTON TX 78234

*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**

**03/01/2013**

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

\_\_\_\_\_  
Date