

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000773

Entity Name: MY LASER MED SPA, L.L.L.P.

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

1765 EAST NINE MILEROAD, SUITE 1
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1765 EAST NINE MILEROAD, SUITE 1
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 20-5037115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, EDESEL F JR.
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502 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

GENERAL PARTNER INFORMATION:

Document #:

Name: KATES, JEFFREY D.D.S.

Address: 1765 EAST NINE MILEROAD, SUITE 1

City-St-Zip: PENSACOLA, FL 32514

Document #:

Name: FOWLER, LOUIS B M.D.

Address: 431 EAST GOVERNMENT STREET

City-St-Zip: PENSACOLA, FL 32502

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JEFFREY KATES

GP

01/24/2007

Electronic Signature of Signing General Partner

Date