

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A29272

1. Entity Name
LASERTRIPSY SERVICES, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 AM 11:44

Principal Place of Business
 1340 PALMETTO AVENUE
 WINTER PARK, FL 32792

Mailing Address
 1340 PALMETTO AVENUE
 WINTER PARK, FL 32792

2. Principal Place of Business - No P.O. Box #
2188 Sprint Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
2188 Sprint Blvd.
 Suite, Apt. #, etc.



01142008 Chg-LP CR2E003 (12/06)

City & State
Apopka, FL
 Zip
32703
 Country
USA

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Apopka, FL
 Zip
32703
 Country
USA

4. FEI Number
 65-0164271

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINKEL, TED S.
 1340 PALMETTO AVENUE
 WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name
TED S. FINKEL

Street Address (P.O. Box Number is Not Acceptable)

2188 Sprint Blvd.

City **Apopka** FL Zip Code **32703**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L26971
 NAME LASERTRIPSY SERVICES INC
 STREET ADDRESS 1340 PALMETTO AVENUE
 CITY-ST-ZIP WINTER PARK, FL 32792

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2188 Sprint Blvd.**
 CITY-ST-ZIP **Apopka, FL 32703**

STREET ADDRESS
 CITY-ST-ZIP
000123500960
04/15/08--01010--003 **500.00

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

BLT

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Ted S. Finkel **TED S. FINKEL** **3-18-08** **407-644-1262**

STAPLE CHECK HERE