## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # F95000000306 (9)

SHC BOCA RATON LASER, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									<b>0</b> 1111 <b>03</b> 111 <b>00</b> 111 <b>0</b> 0	111 <b>6 1</b> 111 4 <b>6</b> 1	***	(IB WHI 1991
ONE HEALTH	P.O. BOX 380546											
BIRMINGHAM	BIRMINGHAM AL 35238						DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated 01/19/1995	d or Qualified	-		
2. Principal P	Place of Business	2a. Maile	ng Add	ress				4. FEI Number			TAI	oplied For
21	26						58-2144685			<b>→</b>	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.					5. Certificate of State	ue Decired		\$8.75	Additional		
22	27						5. Certificate of State	us Desileo	<u></u>	Fee R	equired	
City & Stat	City & State						6. Election Campaig	_	_		May Be	
23	28						Trust Fund Contri				to Fees	
Zip	Country	F ' F			Country			8. This corporation of				
24	25 US 9. Name and Address of Current	29 Bagistered	Agent	3	<u> </u>	<u>;                                    </u>		Personal Property  10. Name and Addre				.] No
CT	CORPORATION SYSTEM	Hogistorea	Agont		81	T-1	Vame	10, Namo and Addit	700 01 11010 110	Biotolog	- April	
	00 S. PINE ISLAND RD.				82	L						
					5	Street Add	t Address (P.O. Box Number is Not Acceptable)					
	ANTATION FL 33324				83	T		1.11/11.1				
						L,	200	<del></del>			11 -:	
					84	١,	Dity			FL	_ <b> 85</b>   Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												ts registered registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age								ired when reinstating)		DATE		
12.	OFFICERS AND	DIRECTOR:			13.			ADDITIONS/CHAN	GES TO OFFIC	ERS AND		
TITLE	CD \$CRUSHY, RICHARD M		n	ELETE	1.1 TITLE						☐ Change	☐ Addition
NAME	ONE HEALTHSOUTH PARKWA	v			1.2 NAME							
STREET ADDRESS	BIRMINGHAM AL 35243	1			1.3 STREET ADDRESS		1					
CITY-ST-ZIP	VID VID	<del></del>	n	ELÉTÉ	1.4 CITY-1 2.1 TITLE	S1 - Z		п			Change	Addition
TITLE Name	MARTIN, MICHAEL D		v		2.1 HILE 2.2 NAME		נע	Γ			Tr change	☐ Youtton
STREET ADDRESS	ONE HEALTHSOUTH PARKWA	Y		•	2.3 STREE	T AD	OBECC					
CITY-ST-ZIP	BIRMINGHAM AL 35243				2.4 CITY-		[					
TITLE	VSD			ELETE	3.1 TITLE	31-1					Change	Addition
NAME	TANNER, ANTHONY J				3.2 NAME							-
STREET ADDRESS	ONE HEALTHSOUTH PARKWA	Y			3.3 STREET	( ADI	DRESS					
CITY-ST-ZIP	BIRMINGHAM AL 35243				3.4. CITY-	ST-2	ZIP					
TITLE	P		D	ELETE	4.1 TITLE						Change	☐ Addition
NAME	FOSTER, PATRICK A	.,			4. 2 NAME							
STREET ADDRESS	ONE HEALTHSOUTH PARKWA	Y			4.3 STREET	r ADI	DRESS					
CITY-ST-ZIP	BIRMINGHAM AL 35243				4.4 CITY- 5	ST-Z		<u>.</u>			——————————————————————————————————————	
TITLE	OMETAGO MANIELIANA T		<b>K</b> 1-0	ELETE	5.1 TITLE		D D		_		Change	X Addition
NAME	OWENS, WILLIAM T	v			5.2 NAME			ENNETT, JAMES				
STREET ADDRESS	ONE HEALTHSOUTH PARKWA BIRMINGHAM AL 35243	T			53 STREET			NE HEALTHSOUTH		(		
CITY-ST-ZIP	VP			ELETE	5.4 CITY-5	ST-Z	re BI	RMINGHAM, AL	35243		Change	Addition
TITLE	BOTTS, RICHARD E		L.J. U	CTE (C	6.1 TITLE						L. Citange	LI MOUIIDIN
NAME ATREET ADODESS	ONE HEALTHSOUTH PARKWA	γ			6.2 NAME	L	Dates					
STREET ADDRESS	BIRMINGHAM AL 35243	•			63 STREET		- 1					
CITY-ST-ZIP	certify that the information supplied with	n this filing c	loes noi	qualify for t	64 CITY-S the exemp			n Section 119.07(3)(i), Flor	rida Statutes. I	further ce	ertify that the	information

indicated on this annual report or supplemental arrival report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach ment with an officers.