## F98000005507

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DIVISION OF CORPORATION

Withdraval
05/09/05

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: Laser Sight Centers Incorporated (Name of corporation)							
DOCUMENT NUMBER: F98 00 000 5507							
The enclosed withdrawal application and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Name of Person)  Laser Sight Centers Incorporated  (Firm/Company)							
(Name of Person)							
Laser Sight Centers Incorporated							
(Firm/Company)							
6848 Stapoint CT							
(Address)							
Winter Park, FL 32792							
(City/State and Zip code)							
For further information concerning this matter, please call:							
(Name of Person) at (407) 678 9900 X117  (Area Code & Daytime Telephone Number)							
(Name of Person) (Area Code & Daytime Telephone Number)							
STREET ADDRESS: MAILING ADDRESS:							

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

}

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Laser Sight Centers Incorporated
(Name of Corporation)
F 98 00 000 5507
(Document Number of Corporation (if known)
Delaware
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The fo	llowing is a current mailing add	ress for the corporation:				
	6848	StapoinT	(+			بن
		(Mailing Addres	s)		0	≅∽
	Winter	Park, FL	327	792	5 APR 2	ECRETA SION OF
		(City/ State /Zip	)		ထိ	CRE
					2	중국
The co	rporation agrees to notify the De	epartment of State in the	future of any o	change in its mailing	addres.	STATE ORATIONS
f it	(Signature of a director, president or other	officer - if in the hands of a		4/26/05 (Date)		ONS
17	receiver or other court appointed fiduciar	y, by that fiduciary)				
<u>.</u>	DOROTHY M G	polla		Secretary (Title of person signing)		
	(Typed or printed name of person sig	ging)		(Title of person signing)		

**FILING FEE \$35**