FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:29

DOCUMENT # **J77605** **(0)**

1. Corporation Name
NORTH PALM BEACH HEALTHCARE, INC.

Principal Place of Business	Mailing Address
1983 PGS BLVD. N PALM BCH. FL 33408 P.O.BOX 5589 LAKE WORTH FL 33466	1983 PGS BLVD. N PALM BCH. FL 33408 P.O.BOX 5589 LAKE WORTH FL 33466

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/15/1987**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2829935** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COY, ANNE M.
130 J.F.K. CIRCLE
SUITE 203
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name: Philip Sprinkle, Esq.
82 Street Address (P.O. Box Number Is Not Acceptable): Herron, Sawyer, et al.
83: 777 So. Flagler Drive, Suite 900
84 City: West Palm Beach FL 85 Zip Code: 33401

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.

SIGNATURE: [signature] 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Chairman	☒ Change ☐ Addition
NAME	COY, ANNE M.	1.2 NAME	Anthony McNicholas	
STREET ADDRESS	130 J.F.K. CIRCLE #203	1.3 STREET ADDRESS	5301 South Congress Avenue	
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	Atlantis, Florida 33462	
TITLE		2.1 TITLE	Vice Chairman	☒ Change ☐ Addition
NAME		2.2 NAME	Stephen Levin	
STREET ADDRESS		2.3 STREET ADDRESS	5301 South Congress Avenue	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Atlantis, Florida 33462	
TITLE		3.1 TITLE	Vice Chairman	☒ Change ☐ Addition
NAME		3.2 NAME	James E. Morgan, Jr.	
STREET ADDRESS		3.3 STREET ADDRESS	5301 South Congress Avenue	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlantis, Florida 33462	
TITLE		4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME		4.2 NAME	Paul Winokur	
STREET ADDRESS		4.3 STREET ADDRESS	5301 South Congress Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlantis, Florida 33462	
TITLE		5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME		5.2 NAME	David M. D'Amico	
STREET ADDRESS		5.3 STREET ADDRESS	5301 South Congress Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlantis, Florida 33462	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 attachment with an address.

SIGNATURE: [signature] 2/10/95 (407) 642-3510
David M. D'Amico
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:05

DOCUMENT # **J77802** **(3)**

1. Corporation Name
LASERTECH, INC.

Principal Place of Business	Mailing Address
2900 SUN BITTERN COURT WINDERMERE FL 34786-7838	2900 SUN BITTERN COURT WINDERMERE FL 34786-7838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1987**
3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-2822173** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	CHANG, DALE U.	12 NAME	
STREET ADDRESS	2900 SUN BITTERN COURT	13 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHANG, DALE U.	22 NAME	
STREET ADDRESS	2900 SUN BITTERN COURT	23 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 attachment with an address.

SIGNATURE: Dale U Chang DALE U. CHANG 3/28/95 (407) 290-0336
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #