


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013826	
1. Entity Name LASER TREATMENT, L.L.C.	

Principal Place of Business 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806	Mailing Address 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806
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01272004 No Chg-LLC CR2E0B3 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0709160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR 1031 W. MORSE BLVD., SUITE 105 WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


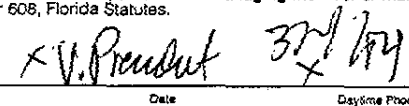
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000088724
03/15/04-80064-003 50.00

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, AXEL W IV MD 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER, PATRICK T II MD 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #