

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 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**



01272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0709160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. 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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02/18/05-80031-019 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 #

2/16/05 407 939 1155