2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000013826

1 Entity Name
LASER TREATMENT, L L C

Principal Place of Business	Mailing Address
21 W COLUMBIA ST 101 ORLANDO, FL 32806	21 W COLUMBIA ST 101 ORLANDO, FL 32806

01092008 No Chg-LLC CR2E083 (12/07)

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

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

000000313451
05/08/08-80015-025 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ANDERSON, AXEL W IV MD
STREET ADDRESS	21 WEST COLUMBIA ST STE 101
CITY ST-ZIP	ORLANDO, FL 32806
TITLE	MGR
NAME	HUNTER, PATRICK T II MD
STREET ADDRESS	21 WEST ORLANDO ST STE 101
CITY-ST ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
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 exemptions contained in Chapter 119, 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: X _____ X 1/18/08

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