2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L02000013826

Entity Name: LASER TREATMENT, L.L.C.

Current Principal Place of Business:

21 W COLUMBIA ST
101
ORLANDO, FL 32806

New Principal Place of Business:

226 W. MICHIGAN ST.
ORLANDO, FL 32806

Current Mailing Address:

21 W COLUMBIA ST
101
ORLANDO, FL 32806

New Mailing Address:

226 W. MICHIGAN ST.
ORLANDO, FL 32806

FEI Number: 01-0709160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1031 W. MORSE BLVD., SUITE 105
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANDERSON, AXEL W IV MD
Address: 21 WEST COLUMBIA ST STE 101
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete
Name: HUNTER, PATRICK T II MD
Address: 21 WEST ORLANDO ST STE 101
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANDERSON, AXEL W IV MD
Address: 226 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: MGR (X) Change ( ) Addition
Name: HUNTER, PATRICK T II MD
Address: 226 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AXEL W ANDERSON IV MGR 04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date