

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90186 010 ****50.00

DOCUMENT # L03000025837

1. Entity Name

INTEGRATED MEDICAL LASER SERVICES, L.L.C.



Principal Place of Business

705 FIFTH COURT
VERO BEACH FL 32962

Mailing Address

705 FIFTH COURT
VERO BEACH FL 32962

64064010

2. Principal Place of Business

70 Fifth Court
Suite, Apt. #, etc.

3. Mailing Address

70 Fifth Court
Suite, Apt. #, etc.



MOORE CR2E083 (11/03)

City & State

Vero Beach FL

Zip 32962

Country USA

City & State

Vero Beach, FL

Zip 32962

Country USA

4. FEI Number

35-2223185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E
817 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Deigl, Herb

Street Address (P.O. Box Number is Not Acceptable)

70 Fifth Court

City Vero Beach

FL

Zip Code

32962

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

H.J. Deigl H.J. DEIGL

3.16.04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
P Deigl, Herb
STREET ADDRESS 70 Fifth Court
CITY-ST-ZIP Vero Beach, FL 32962

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
P Deigl, Herb
STREET ADDRESS 70 Fifth Court
CITY-ST-ZIP Vero Beach, FL 32962

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

H.J. Deigl H.J. DEIGL

Date

Daytime Phone #

3.16.04