

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025837

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** INTEGRATED MEDICAL LASER SERVICES, L.L.C.

**Current Principal Place of Business:**

70 FIFTH CT  
VERO BEACH, FL 32962

**New Principal Place of Business:**

2780 KIRBY CIRCLE  
#9  
PALM BAY, FL 32905

**Current Mailing Address:**

70 FIFTH CT  
VERO BEACH, FL 32962

**New Mailing Address:**

2870 KIRBY CIRCLE  
#9  
PALM BAY, FL 32905

**FEI Number:** 35-2223185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEIGL, HERB  
70 FIFTH CT  
VERO BEACH, FL 32962 US

**Name and Address of New Registered Agent:**

DEIGL, HERB  
2870 KIRBY CIRCLE  
#9  
PALM BAY, FL 32905 US

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: HERBERT DEIGL

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: DEIGL, HERB  
Address: 2870 KIRBY CIRCLE #9  
City-St-Zip: PALM BAY, FL 32905

I hereby 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: HERBERT DEIGL

P

01/05/2010

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