2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L03000051434 DAYTONA LASER CENTER, LLC

FILED Jul 18, 2005 08:00 AM Secretary of State



Principal Place of Business

Mailing Address

1430 MASON AVE DAYTONA BEACH, FL 32117 1430 MASON AVE

DAYTONA BEACH, FL 32117



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07072005 No Chg-LLC CR2E083 (10/03) Applied For

20-0484081 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

386-274-3601

4. FEI Number

Fee Required

5. Name and Address of Current Registered Agent

ORTOLANI, JOHN A 1430 MASON AVE DAYTONA BEACH, FL 32117

the obligations of registered agent.

SIGNATURE: 4

DO NOT WRITE IN THIS SPACE

SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fil Due l	ling Fee is \$50.00 by September 7, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	A CONTRACTOR OF THE STREET, TH	afrika kan ang maja gapaganggan, guna da atau tahun yang kan ini ya ya kananggan. T
NAME	ORTOLANI, JOHN A	1	
STREET ADDRESS	1430 MASON AVE	1	•
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TITLE	MGR	The Marketter Control of the Control	U00000373217 07/18/05-80007-006 50.00
NAME	ORTOLANI, ANGELA J		Olytokopannoranne pormi
STREET ADDRESS	1430 MASON AVE		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		
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NAME			
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NAME		114	THIS SPACE
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TITLE			Commission growing that the commission of the co
NAME			•
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shall billity company or the receiver or trustee emplowered to execute the company or the receiver or trustee employered to execute the company or the receiver or trustee employered to execute the company or the receiver or trustee employered to execute the company or the receiver of the company or the	ualify for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oalt cute this report as required by Chapter 608, Florida	(i), Florida Statutes, I further certify that the information i; that I am a managing member or manager of the Statutes.

NAME OF SIGNING MANAGING MEMBER, OR ALITHOPIZED REPRESENTATIVE

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