

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008625

FILED
May 14, 2007
Secretary of State

Entity Name: ADVANCED THERAPEUTICS LASER, L.L.C.

Current Principal Place of Business:

209 NE 95TH STREET
SUITE 2
MIAMI SHORES, FL 33138 US

New Principal Place of Business:

2800 W. 84 STREET
11
HIALEAH, FL 33016 US

Current Mailing Address:

209 NE 95TH STREET
SUITE 2
MIAMI SHORES, FL 33138 US

New Mailing Address:

2800 W. 84 STREET
11
HIALEAH, FL 33016 US

FEI Number: 30-0287449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERRE, FRANK C M.D.
209 NE 95TH STREET
SUITE 2
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

PIERRE, FRANK C M.D.
2800 W. 84 STREET
11
HIALEAH, FL 33016 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:

05/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIERRE, FRANK C M.D.
Address: 209 NE 95TH STREET STE 2
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: MGRM () Delete
Name: PIERRE, YOLA
Address: 209 NE 95TH STREET STE 2
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PIERRE, FRANK C M.D.
Address: 2800 W. 84 STREET # 11
City-St-Zip: HIALEAH, FL 33016 US

Title: MGRM (X) Change () Addition
Name: PIERRE, YOLA
Address: 2800 W. 84 STREET # 11
City-St-Zip: HIALEAH, FL 33016 US

Title: MGRM () Change (X) Addition
Name: CLAUDE BADEL, POCHLY
Address: 2800 W. 84 STREET # 11
City-St-Zip: HIALEAH, FL 33016

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: FRANK C. PIERRE, M.D.

MGR

05/14/2007

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