2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# L05000002588

Entity Name: ADVANCED LASER CLINIC OF FORT WALTON BEACH, LLC

Current Principal Place of Business:

348 MIRACLE STRIP PKWY, SUITE 17
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

348 MIRACLE STRIP PKWY
SUITE 17
FORT WALTON BEACH, FL 32548

Current Mailing Address:

348 MIRACLE STRIP PKWY, SUITE 17
FORT WALTON BEACH, FL 32548

New Mailing Address:

348 MIRACLE STRIP PKWY
SUITE 17
FORT WALTON BEACH, FL 32548

FEI Number: 20-2068584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAZAYERI, SOLANGE
844 N LAKESIDE DR.
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

JAZAYERI, SOLANGE D
3839 INDIAN TRAIL
DESTIN, FL 32541 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: SOLANGE JAZAYERI 02/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JAZAYERI, SOLANGE
Address: 348 MIRACLE STRIP PKWY, SUITE 17
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SOLANGE JAZAYERI MGR 02/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date