

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087662

FILED
Apr 08, 2008
Secretary of State

Entity Name: THERAPEUTIC LASER CENTER, LLC

Current Principal Place of Business:

5535 MARQUESAS CIRCLE
SARASOTA, FL 34233 US

New Principal Place of Business:

2020 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 US

Current Mailing Address:

5535 MARQUESAS CIRCLE
SARASOTA, FL 34233 US

New Mailing Address:

2020 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 US

FEI Number: 13-4307141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTERS, LESLEY P
Address: 5535 MARQUESAS CIRCLE
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM () Delete
Name: WALTERS, WILLIAM B M.D.
Address: 5535 MARQUESAS CIRCLE
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALTERS, LESLEY P
Address: 2020 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM (X) Change () Addition
Name: WALTERS, WILLIAM B M.D.
Address: 2020 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

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: WILLIAM B. WALTERS, M.D.

MGRM

04/08/2008

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