

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000087662

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** THERAPEUTIC LASER CENTER, LLC

**Current Principal Place of Business:**

5899 WHITFIELD AVENUE  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

1771 RINGLING BLVD  
SARASOTA, FL 34236 US

**Current Mailing Address:**

1771 RINGLING BOULEVARD  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** 13-4307141      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WALTERS, LESLEY P  
1771 RINGLING BOULEVARD UNIT 702  
SARASOTA, FL 34236 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  
**Name:** WALTERS, WILLIAM B MD  
**Address:** 1771 RINGLING BOULEVARD, UNIT 702  
**City-St-Zip:** SARASOTA, FL 34236 US

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: WILLIAM B WALTERS      MGRM      02/26/2011

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