


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90137 024 ***138.75

DOCUMENT # L06000070941 1. Entity Name LASER CENTER OF MIAMI, P.L.					
Principal Place of Business 7265 N.W. 19 COURT PEMBROKE PINES, FL 33024				Mailing Address 7265 N.W. 19 COURT PEMBROKE PINES, FL 33024	
2. Principal Place of Business - No P.O. Box # 9240 Sunset Drive		3. Mailing Address 5521 S.W. 70 Ave			
Suite, Apt. #, etc. 229		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Davie, FL			
Zip 33173		Country USA		Zip 33314	
Country USA		4. FEI Number 20-5367364			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURRERO, MYRIAM 7265 NW 19TH CT PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MYRIAM. BARRERO 5521 S.W. 70 Avenue Davie, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
<div style="text-align: right;"> 1/23/08 3-2703925 Date Daytime Phone # </div>					