

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038293

FILED
Feb 01, 2008
Secretary of State

Entity Name: LASER MEDICAL SERVICES, LLC

Current Principal Place of Business:

50 HARBOUR DRIVE SOUTH
OCEAN RIDGE, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

50 HARBOUR DRIVE SOUTH
OCEAN RIDGE, FL 33435 US

New Mailing Address:

FEI Number: 20-8827944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL 33410 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: VINAS, LUIS
Address: 50 HARBOUR DRIVE SOUTH
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: MGRM () Delete
Name: TAVARES, RAFAEL
Address: 5901 LEEDS LANE
City-St-Zip: DAVIE, FL 33331 US

ADDITIONS/CHANGES:

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

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

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: LUIS A. VINAS MD

MGR

02/01/2008

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