

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90026 032 \*\*\*138.75

60029243



04242008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000074631</b> 1. Entity Name PHYSICIANS CHOICE LASER CENTER, LLC					
Principal Place of Business 600 HERITAGE DRIVE SUITE 101 JUPITER, FL 33458 US			Mailing Address 600 HERITAGE DRIVE SUITE 101 JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-0566394</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name <b>SHAWNA FLANAGAN MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 HERITAGE DR</b> <b>Suite 101</b> City <b>JUPITER</b> FL Zip Code <b>33408</b>		
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 <b>SHAWNA FLANAGAN</b> DATE <b>4/24/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	FLANAGAN, SHAWNA		NAME		
STREET ADDRESS	600 HERITAGE DRIVE, SUITE 101		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33458		CITY - ST - ZIP		
TITLE			TITLE		
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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 <b>SHAWNA FLANAGAN</b> DATE <b>4/24/08</b> DAYTIME PHONE # <b>561-296-5222</b>		