

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000109781

Entity Name: LASER MEDICA, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11855 KESWICK WAY  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

2511 S DIXIE HWY  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

11855 KESWICK WAY  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 45-3448020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DILLEMUTH, STEPHEN A CPA  
2608 SE WILLOUGHBY BLVD  
STUART, FL 34994-470 US

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

STEIN, MIMI CPA  
1764 N CONGRESS AVE  
SUITE 200  
WEST PALM BEACH, FL 33409 US

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: MIMI STEIN CPA

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COSTELLO, JOSEPH A JR.  
Address: 11855 KESWICK WAY  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM  
Name: PETRUNOVA, RENA  
Address: 11855 KESWICK WAY  
City-St-Zip: WEST PALM BEACH, FL 33412

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: JOSEPH A COSTELLO

MGR

04/25/2012

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