

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L12611

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** SURGICAL LASER SERVICES, INC.

## Current Principal Place of Business:

505E KINDRED ST  
SUITE 201  
STUART, FL 34944 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 3146  
STUART, FL 34995 US

## New Mailing Address:

FEI Number: 65-0151276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSHALL, DAVID  
652 SE PORTAGE AVE.  
PORT ST. LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

MARSHALL, DAVID  
2655 SW BRIDGEWAY ST  
PALM CITY, FL 34990 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: DAVID MARSHALL

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARSHALL, DAVID,  
Address: 2655 BRIDGEWAY ST  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MARSHALL

P

04/30/2002

Electronic Signature of Signing Officer or Director

Date