

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L26971

1. Entity Name
LASERTRIPSY SERVICES, INC.



Principal Place of Business
**1340 PALMETTO AVE.
WINTER PARK, FL 32789**

Mailing Address
**1340 PALMETTO AVE.
WINTER PARK, FL 32789**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0164270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**FINKEL, TED S.
1340 PALMETTO AVE
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000722413

05/02/07-80029-019 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	FINKEL, TED S
STREET ADDRESS	1340 PALMETTO AVE.
CITY- ST- ZIP	WINTER PARK, FL 32789

TITLE	T
NAME	KAPLAN, SANFORD
STREET ADDRESS	1340 PALMETTO AVE.
CITY- ST- ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted S. Finkel

4-17-07 407-644-1262

Date

Daytime Phone #