


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 019 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 2188 Sprint Blvd Suite, Apt. #, etc.		3. Mailing Address 2188 Sprint Blvd Suite, Apt. #, etc.	
City & State Apopka, FL Zip 32703		City & State Apopka, FL Zip 32703	
Country USA		Country USA	
4. FEI Number 65-0164270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINKEL, TED S. 1340 PALMETTO AVE WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name TED S. FINKEL Street Address (P.O. Box Number is Not Acceptable) 2188 Sprint Blvd City Apopka FL Zip Code 32703	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD FINKEL, TED S 1340 PALMETTO AVE. WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED S. FINKEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2188 Sprint Blvd. Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, SANFORD 1340 PALMETTO AVE. WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ted S. Finkel</u> <u>TED S. Finkel</u> 3-18-08 407-644-1262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			