

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002111

1. Entity Name

LASER & SURGICAL CENTER OF FLORIDA, L.C.

FILED

00 JAN 20 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1717 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33426

Mailing Address

1717 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33426-6319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, LILY
1717 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33426

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE NAME MGR CHUA, JONATHAN MD, PHD ☐ Delete
STREET ADDRESS 1717 WOOLBRIGHT ROAD
CITY- ST- ZIP BOYNTON BEACH FL 33426

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

000003117730--6
-02/01/00--01027--020
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE NAME MGR LEE, LILY C ☐ Delete
STREET ADDRESS 1717 WOOLBRIGHT ROAD
CITY- ST- ZIP BOYNTON BEACH FL 33426

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OR MANAGER

JONATHAN CHUA PHD M.D. MGR.

1/18/00

561-737-5500

Daytime Phone #