2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State 03-14-2007 90210 014 ****50.00

DOCUMENT # L9900002373						03-14-200	7 90210 014	30.00
TAMPA LASER CENTER L.L.C.								
Principal Plac	e of Business	Mailing Address	1		1		•	
2809 WEST WATERS AVENUE TAMPA, FL 33614		2809 WEST WATERS AVENUE TAMPA, FL 33614						
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	Mace of Business - No P.O. Box # 15 WEST WATERS AVE	3. Mailing Address 2815 WEST WATERS AVE.						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02142007	Chg-LLC	CR2E083 (12/0	6)
Chy & State TAMPA FL		City & State TAMPA FL			4. FEI Number 59-3644357		├	Applied For Not Applicable
^{Zip} 33	614 Country BORDUNA	^{Zip} 336/4	Count 1411	SBAROUGH	5. Certificat	e of Status Desired	S5.00 A	
	6. Name and Address of Current F	Registered Agent	-1- 1		7. Name an	d Address of New Re	gistered Agent	
CARTHY,	J. MHOL	Name						
	IT WATERS AVENUE	Street Address		Street Address (P.O. Box Numl W&ST	per is Not Acceptable W476RS	AVENUE	
				City TAMPA FL Zin 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Significate, typed or priviled name of registered agent and site if applicable (MOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2007						1	check payable to Department of St	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/		
TITLE	MGRM CARTHY, JOHN J	☐ Delete	THE NAME				E Change	Addition
STREET ADDRESS CITY-SI-ZIP	2809 WEST WATERS AVENUE TAMPA, FL 33614		STREE	TADORESS 28	15 W&S	T WATERS	AVENUE	
TITLE	MGRM	☐ De lete	TITLE			····	© Change	Addition
NAME STREET ADDRESS	CARTHY, HIROKO N 2809 WEST WATERS AVENUE		NAME	TADORESS 32. 6	45 146	ST WANGE	MYSNUC	
CITY-ST-ZIP	TAMPA, FL 33614			ST-ZiP		3) 0,7,100	- 77 - 23,00	ļ
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.								
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SIGNATURE: 2/15/07 AND THE AND TYPED ONLY MINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devote Prope #								