

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007011

1. Entity Name  
FLORIDA LASER CENTER, L.L.C.

FILED

May 01 2000 8:00 am  
Secretary of State

Principal Place of Business  
502 E. NEW HAVEN AVE.  
MELBOURNE FL 32901

Mailing Address  
502 E. NEW HAVEN AVE.  
MELBOURNE FL 32901-5427



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3611161

Applied For

Not Applicable

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

FALLACE, JAMES H  
C/O FALLACE & ASSOCIATES, P.A.  
1900 S. HICKORY STREET  
MELBOURNE FL 32901

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

300003264103--4  
-05/23/00--01108--019  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MANAGER  
BROUSSARD, William J.  
STREET ADDRESS 502 E. NEW HAVEN AVE.  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Delete

TITLE NAME MANAGER  
BROUSSARD, William J.  
STREET ADDRESS 502 E. NEW HAVEN AVENUE  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE NAME MEMBER  
PAYLOR, RALPH R.  
STREET ADDRESS 502 E. New Haven Ave.  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Delete

TITLE NAME MEMBER  
PAYLOR, RALPH R.  
STREET ADDRESS 502 E. New Haven Avenue  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE NAME MEMBER  
ZORRIS, ANDREW  
STREET ADDRESS 502 E. New Haven Ave.  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Delete

TITLE NAME MEMBER  
ZORRIS, ANDREW  
STREET ADDRESS 502 E. NEW HAVEN AVENUE  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE NAME MEMBER  
DRESNER, MARK S.  
STREET ADDRESS 502 E. New Haven Ave.  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Delete

TITLE NAME MEMBER  
DRESNER, MARK S.  
STREET ADDRESS 502 E. New Haven Avenue  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE NAME MEMBER  
HONICKMAN, NEAL A.  
STREET ADDRESS 502 E. NEW HAVEN AVE.  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Delete

TITLE NAME MEMBER  
HONICKMAN, NEAL A.  
STREET ADDRESS 502 E. NEW HAVEN AVENUE  
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William J. Broussard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
WILLIAM J. BROUSSARD

4/27/00

Date

321-951-0357

Daytime Phone #

CR2E083 (9/99)