

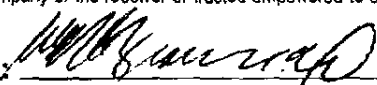


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000007011</b>		
1. Entity Name FLORIDA LASER CENTER, L.L.C.		
Principal Place of Business 502 E. NEW HAVEN AVE. MELBOURNE, FL 32901	Mailing Address 502 E. NEW HAVEN AVE. MELBOURNE, FL 32901	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04252006 No Chg-LLC      CR2E083 (11/05)
		4. FEI Number 59-3611161
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
FALLACE, JAMES H C/O FALLACE & ASSOCIATES, P.A. 1900 S. HICKORY STREET MELBOURNE, FL 32901		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when renating)      DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROUSSARD, WILLIAM J 502 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	<div style="text-align: right; margin-bottom: 20px;">000000548388 05/12/06-80062-008 55.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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:  <b>William J. BROUSSARD</b> 4-26-06 321-726-4000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>		