2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002053

Entity Name: ADVANCED LASER CLINICS OF ORLANDO, LLC

FILED Aug 17, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3500 188TH ST. SW, SUITE 600 350 W. FAIRBANKS LYNNWOOD, WA 98037 WINTERPARK, FL 32789

Current Mailing Address: New Mailing Address:

3500 188TH ST. SW, SUITE 600 2200 SPRINGMEAD DRIVE LYNNWOOD, WA 98037 GERMANTOWN, TN 38139

FEI Number: 91-2135078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED

660 EAST JEFFERSON STREET

TALLAHASSEE, FL 32301 US

GREER, JAMES A
350 W. FAIRBANKS
WINTERPARK, FL 32789

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: JAMES A. GREER 08/17/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

tle: MGRM () Delete

Name: ADVANCED LASER CLINI, CS, INC. Address: 3500 188TH ST. SW, SUITE 600

City-St-Zip: LYNNWOOD, WA 98037

Title: () Delete

Name:

City-St-Zip:

Title: () Delete Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: GREER, JAMES A

Address: 2200 SPRINGMEAD DRIVE

City-St-Zip: GERMANTOWN, TN 38139

Title: MGRM () Change (X) Addition

Name: PARKER, DEBORAH Address: 350 W. FAIRBANKS

City-St-Zip: WINTERPARK, FL 32789

Title: MGRM () Change (X) Addition Name: TERRY, DOUGLAS

Address: 7257 VILLAGE CREEK TRACE

City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES A. GREER MGRM 08/17/2004