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FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32841 (1)

1. Corporation Name

WINTER HAVEN AREA LASERTOMA, INC.

Principal Place of Business

Mailing Address

3350 LAKEVIEW DRIVE SE
WINTER HAVEN FL 33884
US3350 LAKEVIEW DRIVE SE
WINTER HAVEN FL 33884-3122
US3. Date Incorporated or Qualified
06/15/19893a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 223 Santa Rosa Dr

2a. Mailing Address

26 223 Santa Rosa Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Winter Haven, FL 33884

27 City & State

28 Winter Haven, FL

24 Zip

33884

Country

USA

29 Zip

33884

Country

USA

4. FEI Number

59-2956211

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELPSA, GLENDA
3350 LAKEVIEW DRIVE SE
WINTER HAVEN FL 33884

81 Name

TRACY HARRISON

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

223 SANTA ROSA DRIVE

83

84 City

Winter Haven

FL

85 Zip Code

33884

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Glenda Kelpsa, President

Tracy Harrison

2/25/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME KELISA, GLENDA
STREET ADDRESS 3350 SE LAKEVIEW DR
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE

P/D

TRACY HARRISON

☒ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

223 SANTA ROSA DRIVE

1.3 STREET ADDRESS

WINTER HAVEN, FL 33884

1.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME HARRISON, TRACY
STREET ADDRESS 223 SANTA ROSA DRIVE
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE

D

DONNA STORK

☒ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

242 Winter Ridge Blvd.

2.3 STREET ADDRESS

WINTER HAVEN, FL 33881

2.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME VAN STEENBURG, VICKI
STREET ADDRESS 1817 THIRD STREET SE
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE

V/D

GAIL MERSEAU

☒ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

120 LAKE RING DRIVE SE

3.3 STREET ADDRESS

WINTER HAVEN, FL 33884

3.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME ELLETT, SUZANNE
STREET ADDRESS 2160 SE SAN MARCOS #508
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE

C/D

GLENDA KELPSA

☒ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

3350 LAKEVIEW DR SE

4.3 STREET ADDRESS

WINTER HAVEN, FL 33884

4.4 CITY-ST-ZIP

TITLE SD ☐ DELETENAME CARTER, EMILY
STREET ADDRESS 580 PINNER COURT
CITY-ST-ZIP LAKE ALFRED FL

5.1 TITLE

SD

BARBARA RODE

☒ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

2400 12th Street NW

5.3 STREET ADDRESS

WINTER HAVEN, FL 33881

5.4 CITY-ST-ZIP

TITLE TD ☐ DELETENAME FRISCH, LYNN
STREET ADDRESS 724 LAKE NED ROAD SE
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE

T/D

LINDA MURPHY

☒ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

3940 Thornhill Rd

6.3 STREET ADDRESS

WINTER HAVEN, FL 33880

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Glenda Kelpsa

2/25/97

941-326 1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)