4/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-13-2001 90010 031 ****61.25

DOCUMENT # N32841

1. Entity Name

WINTER HAVEN AREA LASERTOMA, INC.

Principal Place of Business	Mailing Address
501 S. LAKE FLORENCE DR. WINTER HAVEN FL 33884 US	501 S. LAKE FLORENCE DR. WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
120 Lake Ring Dr.	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State
Zip: 33884 County: Polk	Zip / Country

4. FEI Number: 59-2956211 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOELFEL, DIANE 501 S. LAKE FLORENCE DR. WINTER HAVEN FL 33884	Name: Gail P. Mersereau Street Address (P.O. Box Number is Not Acceptable): 120 Lake Ring Dr. City: Winter Haven FL Zip Code: 33884

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: Gail P. Mersereau — Gail P. Mersereau — 4/7/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOELFEL, DIANE 501 S LAKE FLORENCE DR. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PD Gail P. Mersereau 120 Lake Ring Dr. Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SHOEMAKER, CINDY 447 SAN JOSE DR. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President VD Donna Stork PO Box 3366 Winter Haven, FL 33885	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERSEREAU, GAIL 120 LAKE RING DR. WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SD Laurice Brock 5717 Hatchineha Rd. Haines City, FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZIMMERLY, CAROL PO BOX 1595 HAINES CITY FL 33845	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure TD Linda Esco 127 Southern Pine Way Davenport, FL 33837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, SHIRLEY 1124 SHORELINE LN WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman of Board CB Diane Woelfel 501 S. Lake Florence Dr. Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STORK, DONNA PO BOX 3366 WINTER HAVEN FL 33885	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sargent of Arms SA Peggy Howey 2109 Betty Ann Dr. Auburndale, FL 33823	☒ Change ☐ Addition

CR2E037 (10/00)

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/7/01 — 863-324-6401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #