2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90010 017 ****61.25

DOCUMENT # N32841

1. Entity Name
WINTER HAVEN AREA LASERTOMA, INC.

Principal Place of Business	Mailing Address
3101 POST OAK CT. WINTER HAVEN, FL 33884 US	PO BOX 1344 DUNDEE, FL 33838 US

01292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
112 Holmes Pl	112 Holmes Pl
Suite, Apt. #, etc. Winter Haven	Suite, Apt. #, etc.
City & State Florida	City & State Winter Haven FL
Zip 33884 Country Polk	Zip 33884 Country Polk

4. FEI Number 59-2592199 ☐ 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
MCKINLEY, MONA 3101 POST OAK CT. WINTER HAVEN, FL 33884	Name Thelma Henry Street Address (P.O. Box Number is Not Acceptable) 112 Holmes Pl. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thelma M. Henry Thelma M. Henry 2/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCKINLEY, MONA 3101 POST OAK CT. WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Thelma Henry 112 Holmes Pl. Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PROVENCHER, JOAN 2102 JONATHAN LA SE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Billy Sue Bourland 137 Shelley DR. Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROYALTY, CINDY 2956 PLANTATION RD. WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sandra Weis 45 Enclave DR. Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RILEY, NANCY 712 LAKE NED RD WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STORK, DONNA 241 HARTRIDGE HILLS DR WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YONGUE, LORNA 1337 34TH ST. NW LAKELAND, FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Thelma M. Henry Thelma M. Henry 2/1/07 863-354-3198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #