

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000114931	
1. Entity Name SURGILIGHT, INC.	
Principal Place of Business 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826	Mailing Address 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 10 AM 11:23



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1990562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE BUSINESS LAW GROUP
455 S. ORANGE AVE., STE. 500
ORLANDO, FL 32801

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO TIMOTHY, SHEA 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOW, LEE 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COZEAN, COLETTE 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREIBERG, ROBERT 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTE, DAN 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELSON, STUART 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826

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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J Shea

5/1/04

Date

407 482 4555

Daytime Phone #



12001 Science Dr., Ste. 140
Orlando, FL 32826 USA

Tel: 407-482-4555
Fax: 407-482-0505

www.surgilight.com

June 9, 2004

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attention: Eula Paterson

Per our conversation this morning, here is the Annual Report that was previously returned. Thank you for your prompt attention in sending the Original Certificate.

Regards,

A handwritten signature in black ink, appearing to read "Mark Murphy", followed by a stylized flourish or initial.

Mark Murphy, Controller
SurgiLight, Inc.