2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000114931

1. Entity Name
SURGILIGHT, INC.

Principal Place of Business	Mailing Address
12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826	12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1990562
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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, 2006 Fee will be $550.00

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

000000559586
05/18/06-80005-011 150.00

10. OFFICERS AND DIRECTORS

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

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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 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: _____ 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #