

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90097 038 ***158.75

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**

2. Principal Place of Business - No P.O. Box #
2100 ALAFAYA TRAIL

3. Mailing Address
2100 ALAFAYA TRAIL

Suite, Apt. #, etc.
600

Suite, Apt. #, etc.
600

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32826

Country
USA

Zip
32826

Country
USA

05012007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name
TIMOTHY J. SHEA

Street Address (P.O. Box Number is Not Acceptable)
2100 ALAFAYA TRAIL #600

City
ORLANDO FL

Zip Code
32826

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COZEAN, COLETTE 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREIBERG, ROBERT 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTE, DAN 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELSON, STUART 12001 SCIENCE DR., STE. 140 ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CRAIG COLLINS 2100 ALAFAYA TRAIL #600 ORLANDO, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDWARD TORBIN 2100 ALAFAYA TRAIL #600 ORLANDO, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NICHOLAS PLIAM 2100 ALAFAYA TRAIL #600 ORLANDO, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

5/1/07

Date

Daytime Phone #