

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000077868

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** AESTHETIC LASER PARTNERS, INC.

**Current Principal Place of Business:**

905 E. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

510 DOUGLAS AVENUE  
1007  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

905 E. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

510 DOUGLAS AVENUE  
1007  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 51-0416452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIANO, PAUL  
905 E. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

HUFFORD, MATTHEW W  
510 DOUGLAS AVENUE  
1007  
ALTAMONTE SPRINGS, FL 32714 US

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: MATTHEW W HUFFORD

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HUFFORD, MATTHEW W  
Address: 134 CROWN COLONY WAY  
City-St-Zip: SANFORD, FL 32771

Title: DS  
Name: HUFFORD, MELISSA A  
Address: 134 CROWN COLONY WAY  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW W HUFFORD

DP

02/29/2012

Electronic Signature of Signing Officer or Director

Date