2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# P03000064725

Entity Name: LASER HEALTH CENTERS, INC.

Current Principal Place of Business:

275 COMMERCIAL BLVD STE 260
LAUDERDALE BY SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

275 COMMERCIAL BLVD STE 260
LAUDERDALE BY SEA, FL 33308

New Mailing Address:

FEI Number: 06-1698444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARTORI, BRUNO
275 COMMERCIAL BLVD STE 260
LAUDERDALE BY SEA, FL 33308

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: QUINN, MARIANNE
Address: 3218 NW 155 AVENUE
City-St-Zip: SUNRISE, FL 33323

Title: D/P ( ) Change (X) Addition
Name: QUINN, DAVID
Address: 3218 NW 155 AVENUE
City-St-Zip: SUNRISE, FL 33323

Title: D/T ( ) Change (X) Addition
Name: SARTORI, BRUNO
Address: 275 COMMERCIAL BLVD
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIANNE QUINN D 02/19/2004

Electronic Signature of Signing Officer or Director — Date