2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080280

FILED Jan 30, 2005 Secretary of State

Entity Name: SURGICAL LASER SOLUTIONS SERVICE DPARTMENT, INC,

New Principal Place of Business: Current Principal Place of Business: 642 SE STARFLOWER AVENUE PORT ST. LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** PO BOX 7295 PORT ST. LUCIE, FL 34985 FEI Number: 52-2435983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YUNGER, JENNIFER L 642 SE STARFLOWER AVENUE PORT ST. LUCIE, FL 34983 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition YUNGER, JENNIFER L Name: Name: 642 SE STARFLOWER AVENUE Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition Name: BARNES, KEVIN Name: BARNES, KEVIN 642 SE STARFLOWER AVENUE Address: 1874 SW NORMAN LANE Address: PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34984 City-St-Zip: City-St-Zip:

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: JENNIFER L. YUNGER P 01/30/2005