

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 025 \*\*\*150.00

**DOCUMENT # P04000051143**

1. Entity Name  
**THE LASER CENTER AT FLORIDA EYE CLINIC, INC.**



Principal Place of Business  
**160 BOSTON AVE  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**160 BOSTON AVE  
ALTAMONTE SPRINGS, FL 32701**

40160000



06152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0924358**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ISLER, JOHN  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME ISLER, JOHN  
STREET ADDRESS ~~975 BENNETT RD #204~~ 1742 Temple Drive  
CITY-ST-ZIP ~~ORLANDO, FL 32814~~ Winter Park, FL 32789

TITLE VPS  
NAME PARKS, ROSS  
STREET ADDRESS 896 BRIGHTWATER CIRCLE  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**John L. Isler, MD 6/18/07 407-834-7776**

Date

Daytime Phone #