2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P04000051143

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

Current Principal Place of Business:

160 BOSTON AVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

160 BOSTON AVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-0924358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: PT ( ) Delete
Name: ISLER, JOHN
Address: 1742 TEMPLE DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: VPS ( ) Delete
Name: PARKS, ROSS
Address: 896 BRIGHTWATER CIRCLE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN ISLER PT 04/29/2009

Electronic Signature of Signing Officer or Director — Date