

NON-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000101737

Entity Name

LASER THERAPY SOUTH INCORPORATED



FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90066 029 ***150.00

66004416



1st MOORE CR2E034 (10/04)

Principal Place of Business
8275 SE GOVERNORS WAY
HOBE SOUND FL 33455
US

Mailing Address
8275 SE GOVERNORS WAY
HOBE SOUND FL 33455
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FBI Number

06-1729193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISEMAN, MITCHELL L
8275 SE GOVERNORS WAY
HOBE SOUND FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME EISEMAN, MITCHELL L
STREET ADDRESS 8275 SE GOVERNORS WAY
CITY- ST- ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME EISEMAN, MARIE
STREET ADDRESS 8275 SE GOVERNORS WAY
CITY- ST- ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Marie Eisman MARIE EISMAN

4/24/05

561-575-1377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #