2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003146

Entity Name: SKIN & LASER MEDICAL CENTER, INC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 4325 LYNX PAW TRAIL
 4325 LYNX PAW TRAIL

 VALRICO, FL 33594
 VALRICO, FL 33596

Current Mailing Address: New Mailing Address:

 4325 LYNX PAW TRAIL
 4325 LYNX PAW TRAIL

 VALRICO, FL 33594
 VALRICO, FL 33596

FEI Number: 73-1724449 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:

HARVEY-DENT, DYAN HARVEY-DENT, DYAN J 2826 GALLAGHER ROAD 2826 GALLAGHER ROAD DOVER, FL 33527 US DOVER, FL 33527 US

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: DYAN J. HARVEY-DENT 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: HARVEY-DENT, DYAN Name: HARVEY-DENT, DYAN J Address: 2826 GALLAGHER ROAD Address: 2826 GALLAGHER ROAD

2826 GALLAGHER ROAD
DOVER, FL 33527
Address: 2826 GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527

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: DYAN J. HARVEY-DENT DP 04/29/2008