

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000003146

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** SKIN & LASER MEDICAL CENTER, INC

**Current Principal Place of Business:**

4325 LYNX PAW TRAIL  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

4325 LYNX PAW TRAIL  
VALRICO, FL 33596

**New Mailing Address:**

**FEI Number:** 73-1724449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HARVEY-DENT, DYAN J  
Address: 2826 GALLAGHER ROAD  
City-St-Zip: DOVER, FL 33527

I hereby 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 all other like empowered.

**SIGNATURE:** DYAN J HARVEY-DENT

DP

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date