## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055951

Entity Name: COLD LASER THERAPY CENTER, INC.

9980 CENTRAL PARK BLVD SUITE 316

BOCA RATON, FL 33428

Address:

City-St-Zip:

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9980 CENTRAL PARK BLVD SUITE 316 BOCA RATON, FL 33428				9980 CENTRAL PARK BLVD NORTH SUITE 316 BOCA RATON, FL 33428		
Current Mailing Address:				New Mailing Address:		
9980 CENTRAL PARK BLVD SUITE 316 BOCA RATON, FL 33428				9980 CENTRAL PARK BLVD NORTH SUITE 316 BOCA RATON, FL 33428		
FEI Numbe	r: 20-2731453	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
	e named entit te of Florida.	y submits this statement for the	purpose o	of changing its registere	ed office or registered agent, or both,	
SIGNATL	JRE:					
Electronic Signature of Registered Agent					Date	
Election Ca	ampaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	D KIMMEL, RIC	( ) Delete CHARD D		Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD D. KIMMEL DR. 01/09/2006