2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State
07-17-2006 90138 009 ***150.00

DOCUMENT # P05000117395

1. Entity Name
ADVANCED LASER TREATMENT CENTERS, INC.

Principal Place of Business	Mailing Address
1300 DANBURY AVE DAVIE, FL 33325	1300 DANBURY AVE DAVIE, FL 33325

07122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8018 W McNAB RD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. LAUDERDALE	City & State: Same
Zip: 33068 Country: BROWARD	Zip / Country

4. FEI Number 41-2184656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCALANTE, LUZ P
1300 DANBURY AVE
DAVIE, FL 33325

7. Name and Address of New Registered Agent

Name: KIMBERLY KOLTUN
Street Address (P.O. Box Number is Not Acceptable): 8018 W MCNAB RD
City: Nth. LAUDERDALE FL Zip Code 33068

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] Luz Bejarano de Escalante RN 7/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ESCALANTE, LUZ P 1300 DANBURY AVE DAVIE, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KOLTUNNTE, KIMBERLY P 6940 NW 82ND ST TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KOLTUN, KIMBERLY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Luz Bejarano de Escalante RN 7/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #