

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135731

FILED
Jan 09, 2008
Secretary of State

Entity Name: ADVANCED LASER SKIN CARE, P.A.

Current Principal Place of Business:

16646 NORTH DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

16646 NORTH DALE MABRY HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-3686849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ODOM, MARTY M.D.
Address: 16646 NORTH DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: RANDALL, RODNEY M.D.
Address: 2727 W. MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTY W. ODOM

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date