2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P06000130547

Entity Name: FLORIDA MESOTHERAPY & LASER INSTITUTE, INC.

Current Principal Place of Business:

506 CHICKASAW TRAIL
SUITE 100
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

506 CHICKASAW TRAIL
SUITE 100
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 20-5704186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, SYLLETTE MD
506 CHICKASAW TRAIL
SUITE 100
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

REVIS, CINDY
506 CHICKASAW TRAIL
SUITE 100
ORLANDO, FL 32822 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: CINDY REVIS 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: KING, SYLLETTE M.D.
Address: 506 CHICKASAW TRAIL, SUITE 100
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CINDY REVIS ASST 04/16/2009
Electronic Signature of Signing Officer or Director Date