

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000071904

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** LASER SURGICAL OF FLORIDA, INC.

**Current Principal Place of Business:**

555 NE 15TH STREET  
SUITE 21-A  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

555 NE 15TH STREET  
SUITE 21-A  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 26-3091347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, RUSSELL  
555 NE 15TH STREET STE 21-A  
MIAMI, FL 33132 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: WRIGHT, G. RUSSELL  
Address: 555 NE 15TH STREET, SUITE 21-A  
City-St-Zip: MIAMI, FL 33132

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: G. RUSSELL WRIGHT

PRES

04/11/2012

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

\_\_\_\_\_  
Date