

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000003558

FILED
Apr 23, 2011
Secretary of State

Entity Name: LASER THERAPY CENTER, INC.

Current Principal Place of Business:

1303 HOMESTEAD RD NORTH
STE 102
LEHIGH ACRES, FL 33936

New Principal Place of Business:

1303 HOMESTEAD RD NORTH
STE 103
LEHIGH ACRES, FL 33936

Current Mailing Address:

1303 HOMESTEAD RD NORTH
STE 102
LEHIGH ACRES, FL 33936

New Mailing Address:

1303 HOMESTEAD RD NORTH
STE 103
LEHIGH ACRES, FL 33936

FEI Number: 27-0725547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, ROSA
1303 HOMESTEAD RD NORTH
STE 102
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

MORALES, ROSA
1303 HOMESTEAD RD NORTH
STE 103
LEHIGH ACRES, FL 33936 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:

04/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MORALES, PETER
Address: 1303 HOMESTEAD RD N #103
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP
Name: MORALES, ROSA
Address: 1303 HOMESTEAD RD NO. #103
City-St-Zip: LEHIGH ACRES, FL 33936

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: ROSA MORALES

VPD

04/23/2011

Electronic Signature of Signing Officer or Director

Date