FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:43

DOCUMENT # **P93000044652 (4)**

1. Corporation Name
PJP LASER COMPANY, INC.

Principal Place of Business	Mailing Address
6202 BENJAMIN ROAD SUITE 100 TAMPA FL 33634 US	6202 BENJAMIN ROAD SUITE 100 TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3201529 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS, BONNIE A.
6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: ALLWEISS, MICHAEL D.
82 Street Address (P.O. Box Number is Not Acceptable): 4020 PARK STREET NORTH, SUITE 200
83
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 3/6/95
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	T	☐ Change ☒ Addition
NAME	KILICHOWSKI, WILLIAM S.	1.2 NAME	JAMES, MICHELE A.	
STREET ADDRESS	6202 BENJAMIN ROAD, SUITE 1001	1.3 STREET ADDRESS	6202 BENJAMIN RD., SUITE 100	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, BONNIE A.	2.2 NAME		
STREET ADDRESS	6202 BENJAMIN ROAD, SUITE 100	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	DC	3.1 TITLE		☐ Change ☐ Addition
NAME	PORCELLI JR., PETER J.	3.2 NAME		
STREET ADDRESS	6202 BENJAMIN ROAD, SUITE 100	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: Bonnie A. Harris DATE: 2/17/95 Daytime Phone #: 813/887-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bonnie A. Harris, Secretary

0301769 CP