FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jun 20 1996 8:00 am
Secretary of State

DOCUMENT # **P95000011029 (2)**

1. Corporation Name
~~PHYSICIAN'S LASER SERVICES, INC.~~
PHYSICIANS LASER SERVICES OF FLORIDA, INC.

Principal Place of Business
761 NEWCASTLE ST.
BOCA RATON FL 33487

Mailing Address
P.O. BOX 907
BOCA RATON FL 33429-0907

3. Date Incorporated or Qualified: 02/02/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3200 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.
22 SUITE 226
City & State
23 BOCA RATON, FL
Zip 24 33431 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3297486 — 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
STACK, RAYMOND F
761 NEWCASTLE ST.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name: FRANK R. BRADY, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 370 CAMINO GARDENS BLVD
83: 3RD FLOOR
84 City: BOCA RATON, FL 85 Zip Code: 33432

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: Frank R. Brady — DATE: 6-6-96
Signature, typed or printed name of registered agent and title if applicable — Not required if signature notarized when not changing

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN BOARD	☐ DELETE
NAME	GERARD D. GRAU	
STREET ADDRESS	540 N.E. 8TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
TITLE	PRESIDENT	☐ DELETE
NAME	RAYMOND F. STACK	
STREET ADDRESS	3200 N. FEDERAL HIGHWAY STE 226	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	SECRETARY	☐ DELETE
NAME	FRANK R. BRADY	
STREET ADDRESS	370 CAMINO GARDENS BLVD 3RD FL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	700001869857	☐ Change ☐ Addition
5.2 NAME	-06/20/96--01063--031	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 an address.

SIGNATURE: RAYMOND F. STACK, PRES — 5/30/96 — 561/750-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)