2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -5 PM 3:43

DOCUMENT # P95000023040

1. Entity Name
SURGICAL LASER SYSTEMS, INC.

Principal Place of Business
2425 S ATLANTIC AVE
#1205A
DAYTONA BEACH SHORES, FL 32118

Mailing Address
P O BOX 10602
KNOXVILLE, TN 37939 US

2. Principal Place of Business
555 NE 15th Street
Suite Apt. # etc.
Suite 21A
City & State
Miami, FL
Zip
33132
County
Dade

3. Mailing Address
City & State

11302005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3144819

Apply
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT G R
2425 S ATLANTIC AVE
#1205A
DAYTONA BEACH SHORES, FL 32118

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
555 NE 15th Street Ste. 21A
City
Miami
FL
Zip Code
33132

8. 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. I am familiar with, and accept the obligations of,

SIGNATURE: 11/30/05

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WRIGHT G R	
STREET ADDRESS	2425 S ATLANTIC AVE #1205A	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	☒ Change ☐ Addition
NAME	Wright, G R	
STREET ADDRESS	555 NE 15th Street, Ste.21A	
CITY-ST-ZIP	Miami, FL 33132	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	REINSTATEMENT 05	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	200061913972	☐ Change ☐ Addition
NAME	12/05/05--01060--020 **158.75	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or an attachment with an address, for the above named entity.

SIGNATURE: Date