

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

DOCUMENT # **P95000044371 (9)**

1. Corporation Name

**MOBILE SURGICAL LASER SERVICES, INC.**



Principal Place of Business

**400 W MORSE BLVD  
SUITE 210  
WINTER PARK FL 32789**

Mailing Address

**400 W MORSE BLVD  
SUITE 210  
WINTER PARK FL 32789**

2. Principal Place of Business

**21 9513 Lavill Court**

Suite, Apt. #, etc.

**22**

City & State

**23 Windermere, FL**

Zip

**24 34786**

Country

**25 USA**

2a. Mailing Address

**26 9513 Lavill Court**

Suite, Apt. #, etc.

**27**

City & State

**28 Windermere, FL**

Zip

**29 34786**

Country

**30 USA**

3. Date Incorporated or Qualified

**06/08/1995**

3a. Date of Last Report

**N/A**

4. FEI Number

**59-3323396**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**DANIELS, ALAN H  
800 N MAGNOLIA AVE  
SUITE 1500  
ORLANDO FL 32803**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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

Signature typed or printed name of registered agent (for 119.07(3)(k), Florida Statutes)

(For 119.07(3)(k), Florida Statutes, signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

**D  
SIEMIAN, WALTER R  
9513 LAVILL CT  
WINDEREMEE FL 34786**

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WALTER R. SIEMIAN M.D.**

**4/9/96**

**407 629 2003**

Date

Daytime Phone #

CR2E034 (12/95)