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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000044371	(9)
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MOBILE SURGICAL LASER SERVICES, INC.



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,				ng Address Ion vir Nobče Bla	'n						
400 W MORS	SE BLVD			100 W MORSE BLV Suite 210	ru						
Suite 210 Winter Park FL 32789				WINTER PARK FL 32789				Date Incorporated or Qualified			
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. Principal Plac	e of Business		2a. N	Mailing Address				4. FEt Number			Applied For
9513 Lav			26	9513 Lavi	ill Cour	t		59-3323396		A0.7	Not Applicable
Suite, Apt. #,			s	Suito, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
	<u> </u>		27					6. Election Campaign Financing			00 May Be
City & State	C *1		28	Dity & State	El			Trust Fund Contribution			ed to Fees
<u>Winderme</u>	ere, fl	Country		Windermer		ountry		8. This corporation has liability for	intangible ta	x under	s 199.032.
Zip 34786	25	1	29	34786	30	USA			□ No		
34700		d Address of Cur						10. Name and Address of New F	Registered	Agent	
						81	Name				
DANIEL	S, ALAN H					82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	MAGNOLIA	AVE				_					
SUITE 1	1500					83					
ORLAN	DO FL 3280	3				84	City		FL	85	Zip Code
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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 armual 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 constraint 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 it changest or on an attachment with an address

M.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGMIAN