

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000095100

FILED  
Jan 13, 2003  
Secretary of State

**Entity Name:** INSTITUTE OF COSMETIC LASER SURGEONS, INC.

**Current Principal Place of Business:**

2020 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2020 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 59-3352750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERICH, LARRY  
2020 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY, FL 34655

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERISH, LARRY M.  
Address: 2020 SEVENS SPRINGS BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PERICH, LARRY M.  
Address: 2020 SEVENS SPRINGS BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY M. PERICH

PRES

01/13/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date