

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90153 005 ***150.00

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DOCUMENT # P96000005585

1. Corporation Name

LASERWORKS MEDICAL, INC.



Principal Place of Business

5258 LINTON BLVD
DELRAY BEACH FL 33484

Mailing Address

5258 LINTON BLVD
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

65-0634701

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☒ No

2. Principal Place of Business

21 3151 NW 63rd St

Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL

24 Zip

33496

Country

25 USA

2a. Mailing Address

26 3151 N.W. 63rd St.

Suite, Apt. #, etc.

27 City & State

28 Boca Raton FL

29 Zip

33496

Country

30 USA

9. Name and Address of Current Registered Agent

ROSENBERG, GARY
5258 LINTON BLVD
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME ROSENBERG, GARY
STREET ADDRESS 5258 LINTON BLVD., #303
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE VSD ☐ DELETE

NAME ROSENBERG, JENNIFER
STREET ADDRESS 5258 LINTON BLVD., #303
CITY-ST-ZIP DELRAY BEACH FL 33484

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME GARY ROSE
1.3 STREET ADDRESS 3151 N.W. 63rd Street
1.4 CITY-ST-ZIP Boca Raton, FL 33496

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME JENNIFER ROSE
2.3 STREET ADDRESS 3151 NW 63rd Street
2.4 CITY-ST-ZIP Boca Raton, FL 33496

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 ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)