

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032854

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** LASERS FOR SURGERY INCORPORATED

**Current Principal Place of Business:**

6811 FLANDERS STATION  
POLK CITY, FL 33868

**New Principal Place of Business:**

6811 FLANDERS STATION  
POLK CITY, FL 33868 US

**Current Mailing Address:**

6811 FLANDERS STATION  
POLK CITY, FL 33868

**New Mailing Address:**

6811 FLANDERS STATION  
POLK CITY, FL 33868 US

**FEI Number:** 62-1684820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASON, THADDEUS D  
6811 FLANDERS STATION  
POLK CITY, FL 33868 US

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASON, THADDEUS D  
Address: 6811 FLANDERS STATION  
City-St-Zip: POLK CITY, FL 33868 US

Title: VP  
Name: CASON, SHEROL A  
Address: 6811 FLANDERS STATION  
City-St-Zip: POLK CITY, FL 33868 US

I hereby 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 all other like empowered.

SIGNATURE: THADDEUS D CASON

P

02/28/2011

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

\_\_\_\_\_ Date