

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90028 049 ***150.00

DOCUMENT # P97000051022

1. Corporation Name

LASER MEDICAL ARTS OF SARASOTA, INC.

Principal Place of Business
19235 U.S. HIGHWAY 41 NORTH
LUTZ FL 33549

Mailing Address
19235 U.S. HIGHWAY 41 NORTH
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

65-0756042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, CARL
19235 US HIGHWAY 41 NORTH
LUTZ FL 33549

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GLANTZ, MIKE**
STREET ADDRESS **19235 U.S. HIGHWAY 41 NORTH**
CITY-ST-ZIP **LUTZ FL 33549**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **PRITCHARD, PAUL**
STREET ADDRESS **19235 U.S. HIGHWAY 41 NORTH**
CITY-ST-ZIP **LUTZ FL 33549**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0084385



596762-90028-49

P9700051022

Southern Resource Management, Inc.

July 22, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl. 23202-1500

Dear Sir:

Attached is the annual report for a corporation called Laser Medical Arts of Sarasota, Inc. This report was suppose to be sent when we sent in the other annual reports back in April. Since we have now received back the canceled check, I was able to confirm that a mistake had been made.

When we sent in the annual reports, we sent in five of them. With the reports we sent in one check for all five. One of the reports was not signed and therefore all of the corporations were held up while the one was returned for signing. After this report was returned the check and reports were processed. We then received the notices that some of the corporations had not been renewed. Upon checking the second notices, we were able to determine that someone here had made a mistake. We did not intend to renew a report for TMO, Inc. but by mistake it was included with the other ones. When I called to correct the problem, I was told that they would not move the money to the proper corporation. Therefore, I now request that you take the enclosed check for \$150.00 and renew the corporation called Laser Medical Arts of Sarasota, Inc. I also request that you abate or allow this report to be filed without the penalty of the after May 1, filing.

Thank you in advance for your help on this matter. If you need to reach me, my telephone number is 813-949-6251. If you need anything additional please call me.

Sincerely

Fred Schultz