

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000044187

FILED
Jul 08, 2008
Secretary of State

Entity Name: INSIGHT LASER AFFILIATES, P.A.

Current Principal Place of Business:

1601 SAWGRASS CORP PKWY
SUITE 410
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

C/O DR CORY LESSNER
401 FAN PALM WAY
PLANTATION, FL 33324

New Mailing Address:

1601 SAWGRASS CORP PKWY
SUITE 410
SUNRISE, FL 33323

FEI Number: 65-0839889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESSNER, CORY M M.D.
401 FAN PALM WAY
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: LESSNER, MD, CORY M
Address: 401 FAN PALM WAY
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: LESSNER, CORY M MD
Address: 401 FAN PALM WAY
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CORY M. LESSNER

DR.

07/08/2008

Electronic Signature of Signing Officer or Director

Date