

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 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90093 002 \*\*\*150.00

DOCUMENT # P98000080837 ✓  
1. Corporation Name  
NEW VIEW LASER CENTER, INC.

Principal Place of Business Mailing Address  
6068 Apopka Vineland Rd. P.O. Box 691327  
Orlando, FL 32819 Orlando, FL 32869-1301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 6068 Apopka Vineland Rd. 26 P.O. Box 691327  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 10 27  
City & State City & State  
23 Orlando, FL 28 Orlando, FL  
Zip Country Zip Country  
24 32819 25 Orange 29 32869-1301 30 Orange

3. Date Incorporated or Qualified  
09/14/1998  
4. FEI Number Applied For  
59-3572111 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
PETER URBAN  
115 E. Van Fleet Drive  
Bartow, FL 33830

10. Name and Address of New Registered Agent  
81 Name PETER URBAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
6068 Apopka Vineland Rd., Suite 10  
83  
84 City Orlando FL 85 Zip Code 32819

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 *Peter Urban* President 04/29/1999  
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 P ☒ DELETE  
NAME URBAN, PETER  
STREET ADDRESS 115 E. Van Fleet Dr.  
CITY-ST-ZIP Bartow, FL 33830  
TITLE V ☒ DELETE  
NAME URBAN, BRENDA  
STREET ADDRESS 115 E. Van Fleet Dr.  
CITY-ST-ZIP Bartow, FL 33830  
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 P ☒ Change ☐ Addition  
1.2 NAME URBAN, PETER  
1.3 STREET ADDRESS 6068 Apopka Vineland Rd., Ste. 10  
1.4 CITY-ST-ZIP Orlando, FL 32819  
2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME URBAN, BRENDA  
2.3 STREET ADDRESS 6068 Apopka Vineland Rd., Ste. 10  
2.4 CITY-ST-ZIP Orlando, FL 32819  
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: *Peter Urban* PETER URBAN PRESIDENT 04/29/1999 407-248-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)