2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01740

Name:

Address: City-St-Zip: SAMORAJCZYK, JOHN

SAINT PETERSBURG BEACH, FL 33706

5414 LEILAN DR

TAMPA BAY LASER CENTER INC.

FILED Apr 05, 2006 Secretary of State

| Entity Nar | ne: TAMP | A BAY LASER C | ENTER, INC. | | | | |
|---|---|-------------------|---------------------------------------|---|---|---|--|
| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | |
| 13110 60T CLEARWA | H ST. N ATER, FL 3 | 3760 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 13110 60T CLEARW <i>A</i> | H ST. N ATER, FL 3 | 3760 | | | | | |
| FEI Number: | 59-3142649 | FEI Number | Applied For() | FEI Number Not Appl | icable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | |
| DOVER, F | RES LAKE L 33527 | US | tatement for the pu | urpose of changing i | ts regist | ered office or registered agent, or both, | |
| SIGNATUR | | | | | | | |
| Election Car | | ronic Signature o | of Registered Age ontribution (). | nt | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | | |
| Title: Name: Address: City-St-Zip: | P MINTON, JO 4045 MOOF DOVER, FL | RES LAKE DR | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP/S CRAIG, REI 3935 ZURIO TAMPA, FL | CH CT | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: | Р | () Delete | | Title: | Р | (X) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SAMORAJCZYK, JOHN

ST. PETE BEACH, FL 33706

5414 LEILANI DR

SIGNATURE: REBECCA M. CRAIG VP 04/05/2006