

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40536

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** MOBILE MEDICAL LASER, INC.

**Current Principal Place of Business:**

14485 S.W. 57TH TERRACE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

14485 S.W. 57TH TERRACE  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 65-0335948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEINBERG, MITCHELL  
14485 S.W. 57TH TERRACE  
MIAMI, FL 33183 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: D  
Name: STEINBERG, MITCHELL  
Address: 14485 SW 57TH TERRACE  
City-St-Zip: MIAMI, FL

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: MITCHELL STEINBERG

D

01/24/2012

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

\_\_\_\_\_  
Date