

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000077868

**Entity Name:** AESTHETIC LASER PARTNERS, INC.

**Current Principal Place of Business:**

510 DOUGLAS AVENUE  
1007  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

510 DOUGLAS AVENUE  
1007  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 46-2307590

**Certificate of Status Desired:** No

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

HUFFORD, MATTHEW W  
510 DOUGLAS AVENUE  
1007  
ALTAMONTE SPRINGS, FL 32714 US

*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

**Officer/Director Detail :**

Title DP  
Name HUFFORD, MATTHEW W  
Address 134 CROWN COLONY WAY  
City-State-Zip: SANFORD FL 32771

Title DS  
Name HUFFORD, MELISSA A  
Address 134 CROWN COLONY WAY  
City-State-Zip: SANFORD FL 32771

*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:** MELISSA A HUFFORD

**DIRECTOR SECRETARY**

**04/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date