

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000061555

**Entity Name:** ORANGE CITY LASER CENTER, INC.

**Current Principal Place of Business:**

1035 TOWN CENTER DRIVE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1035 TOWN CENTER DRIVE  
ORANGE CITY, FL 32763

**FEI Number:** 59-3393126

**Certificate of Status Desired:** No

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

ROSALES, JOSE JM.D.  
1035 TOWN CENTER DRIVE  
ORANGE CITY, FL 32763 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	D	Title	MRS.
Name	ROSALES, JOSE JM.D.	Name	ROSALES COHEN, ALEJANDRA E
Address	1035 TOWN CENTER DRIVE	Address	1035 TOWN CENTER DRIVE
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	ORANGE CITY FL 32763

*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:** ALEJANDRA ROSALES COHEN

**PRESIDENT**

**05/09/2016**

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

\_\_\_\_\_  
Date