

2014 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

RN CEO

04/29/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date