

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000044381

Entity Name: LASERGIN INSTITUTE, LLC

Current Principal Place of Business:

1130 S HARBOR CITY BLVD
STE 101
MELBOURNE, FL 32901

Current Mailing Address:

1130 S HARBOR CITY BLVD
STE 101
MELBOURNE, FL 32901

FEI Number: 26-4831056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIPPER, RALPH
1130 S HARBOR CITY BLVD
STE 101
MELBOURNE, FL 32901 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

Authorized Person(s) Detail :

Title MGRM
Name ZIPPER, RALPH MD
Address 1130 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RALPH ZIPPER, MD

MGRM

04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date