

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009833

Entity Name: MEDICAL LASER CONSULTANTS LLC

Current Principal Place of Business:

5901 LEEDS LANE
DAVIE, FL 33331

Current Mailing Address:

5901 LEEDS LANE
DAVIE, FL 33331

FEI Number: 27-4697442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAVARES, RAFAEL SR
5901 LEEDS LANE
DAVIE, FL 33331 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 TAVARES, RAFAEL
Address 5901 LEEDS LANE
City-State-Zip: DAVIE FL 33331

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: RAFAEL TAVARES SR

MANAGER

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date