



State of California

Kevin Shelley
Secretary of State

STATEMENT OF INFORMATION (Domestic Stock Corporation)

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05-100555

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
in the office of the Secretary of State
of the State of California

FEB 18 2005

1. **CORPORATE NAME** (Please do not alter if name is preprinted.)

DUE DATE: FEBRUARY 24, 2005

2708589

LASER SKIN MEDICAL CENTER, INC.

This Space For Filing Use Only

DUE DATE:

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
2250 ROSECRANS, SUITE B	FULLERTON, CA	92633

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
2250 ROSECRANS, SUITE B	FULLERTON	CA	92633

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
NAUREEN TAREEN	2250 ROSECRANS, SUITE B	FULLERTON, CA	92633

5. SECRETARY/	ADDRESS	CITY AND STATE	ZIP CODE
ATTA TAREEN	2250 ROSECRANS, SUITE B	FULLERTON, CA	92633

6. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
ATTA TAREEN	2250 ROSECRANS, SUITE B	FULLERTON, CA	92633

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

7. NAME	ADDRESS	CITY AND STATE	ZIP CODE
NAUREEN TAREEN	2250 ROSECRANS, SUITE B	FULLERTON, CA	92633

8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
ATTA TAREEN	2250 ROSECRANS, SUITE B	FULLERTON, CA	92633

9. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 12 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 12 must be left blank.)

11. NAME OF AGENT FOR SERVICE OF PROCESS
ATTA TAREEN

12. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
2250 ROSECRANS, SUITE B	FULLERTON	CA	92633

TYPE OF BUSINESS

13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
MEDICAL

14. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

ATTA TAREEN

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TREASURER

TITLE

DATE