

2000 UNIFORM BUSINESS REPORT (UBR)

0015150
1

DOCUMENT # A99000000478			
1. Entity Name TLC THE LASER CENTER (BOCA RATON) LIMITED PARTNE			
Principal Place of Business 6701 DEMOCRACY BLVD., SUITE 200 BETHESDA MD 20817		Mailing Address 6701 DEMOCRACY BLVD., SUITE 200 BETHESDA MD 20817-7516	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
8. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. Capital Contributions as Shown on record. \$300.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000000446	STREET ADDRESS	
NAME	TLC THE LASER CENTER (NORTHEAST) INC.	CITY - ST - ZIP	
STREET ADDRESS	6701 DEMOCRACY BLVD., SUITE 200	STREET ADDRESS	3000003265653--7
CITY - ST - ZIP	BETHESDA MD 20817	CITY - ST - ZIP	-05/24/00--01083--011
DOCUMENT #		STREET ADDRESS	****141.25 ****141.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

CP2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **APPROVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Apr 20/2000 Daytime Phone # 905 602-2020