

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90019 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 766669**

1. Entity Name  
**TLC CLINIC, INC.**

Principal Place of Business      Mailing Address

1123 CRESTWOOD BLVD  
 SECOND FLOOR  
 LAKE WORTH FL 33460  
 US

P O BOX 871  
 LAKE WORTH FL 33460-0871  
 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-2248364**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OTTO, MARILYN**  
 125 CRAWFORD BLVD.  
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name  
**O'KEEFE, JEFFREY Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**500 East Broward Blvd. Suite 1000**

City      State      Zip Code  
**Fort Lauderdale, FL 33394**

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]*      DATE: **4/19/00**

Signature typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when reinstating.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SMITH, GREG 1491 E RAMBLING DR WEST PALM BEACH FL 33414</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D LUCAS, JOHN 5167 DEERHURST CRESCENT CIRLLE BOCA RATON, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAPMAN, GBARY 360 SE MIZNER BLVD- #1516 BOCA RATON FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D BEESON, MELANIE 6126 WOODCREEK COURT JUPITER, FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MULLINS, TODD 5312 NORTHLAKE BLVD PALM BEACH GARDENS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILL, RAY 1798 NE 8th Ct. BOCA RATON, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD OKEEFE, JEFF 7471 RED BAY PLACE CORAL SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D OKEEFE, JEFFREY 1471 RED BAY PLACE CORAL SPRINGS, FL 33065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COTTON, WAYNE 3001 NE 27 AVE LIGHTHOUSE PT FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OTTO, MARILYN 605 NW 10 Ct. BOCA RATON, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHMIDTKE, THEODORE 145 ATLANTIS BLVD. APT 407 ATLANTIS, FL 33462</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      DATE: **4/19/00**      DAYTIME PHONE #: **954-527-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)