FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE.

LIMITED PARTNERSHIP ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR -3 PM 1:23

1. Name of Limited Partnership

1a. DOCUMENT # A96000000192

TLC THE LASER CENTER (SOUTH FLORIDA) LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
6701 DEMOCRACY BLVD., SUITE 200 BETHESDA MD 20817	6701 DEMOCRACY BLVD., SUITE 200 BETHESDA MD 20817

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered: 01/26/1996

3a. Date of Last Report: 03/16/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $213,900.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 52-1957236 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name: C T CORPORATION SYSTEM Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road Suite, Apt. #, etc. City: Plantation FL Zip Code: 33324

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE 3/3/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
TLC THE LASER CENTER (NORTHE	6701 DEMOCRACY BLVD.,	BETHESDA MD 20817	F96000000446

3000027931163--0
-03/03/99--01044--010
******8.75 ******8.75

3000027931163--0
-03/03/99--01044--011
****437.50 ****437.50

3000027931163--0
-03/03/99--01044--012
*****88.75 *****88.75

CR2E003 (12/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Lloyd Fiorini DATE 3-1-99

Typed or Printed Name of General Partner Signing Form TLC The Laser Center (Northland) Inc Daytime Telephone Number (301)571-2020 (ext 222)