

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000000478					
1. Entity Name TLC THE LASER CENTER (BOCA RATON) LIMITED PARTNERSHIP					
Principal Place of Business 6701 DEMOCRACY BLVD., SUITE 200 BETHESDA, MD 20817			Mailing Address 540 MARYVILLE CENTRE DRIVE, #200 ST. LOUIS, MO 63141		
2. Principal Place of Business 540 Maryville Centre Dr. Suite, Apt. #, etc. #200		3. Mailing Address Suite, Apt. #, etc. City & State St. Louis, MO Zip 63141 Country USA		01062004 Chg-LP CR2E003 (10/03) 1/20	
4. FEI Number 58-2480713		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
9. Capital Contributions as Shown on record. \$300.00		10. Amount of Capital Contributions in FLORIDA to date:			
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	540 MARYVILLE CENTRE DRIVE, #200				
CITY-ST-ZIP	ST. LOUIS, MO 63141				
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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.					
By: <u>TLC The Laser Center (Northeast) Inc.</u> SIGNATURE: <u>X</u> <u>Robert W. May, Secretary 1/6/04 (314) 434-6900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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