

A99000000478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

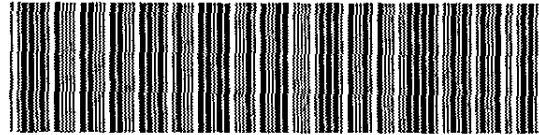
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** TLC The Laser Center (Boca Raton) Limited Partnership  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A99000000478

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

C. Wall

(Contact Person)

National Corporate Services, Inc.

(Firm/Company)

2 Club Centre Court, Suite 5

(Address)

Edwardsville, IL 62025

(City, State and Zip Code)

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For further information concerning this matter, please call:

C. Wall

(Name of Contact Person)

at ( 866 ) 476-6274

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. TLC The Laser Center (Boca Raton) Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/24/99

Date of filing/registration in Florida

3. A99000000478

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

By: TLC The Laser Center, General Partner

Signature of General Partner Brian Andrew Secy

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

NRAI Services, Inc.

by: Sean L. Emerick

Signature of Registered Agent Sean L. Emerick, Asst Secy

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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TALLAHASSEE, FLORIDA

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