

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018020 AB

FILED

03 JAN 31 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A99000000478



1. Entity Name
TLC THE LASER CENTER (BOCA RATON) LIMITED PARTNE
RSHIP

Principal Place of Business
6701 DEMOCRACY BLVD., SUITE 200
BETHESDA MD 20817

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

2. Principal Place of Business

3. Mailing Address
540 Maryville Centre Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#200

City & State

City & State
St. Louis, MO

Zip

Country

Zip
63141

Country
USA

DUE BY MAY 1, 2003

4. FEI Number 58-2480713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$300.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # F96000000446
NAME TLC THE LASER CENTER (NORTHEAST) INC.
STREET ADDRESS 6701 DEMOCRACY BLVD., SUITE 200
CITY-ST-ZIP BETHESDA MD 20817

13. ADDRESS CHANGES ONLY

STREET ADDRESS 540 Maryville Centre Dr #200
CITY-ST-ZIP St. Louis, MO 63141

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STREET ADDRESS
CITY-ST-ZIP

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: X Robert W. May (314) 434-6800
Signature and Typed or Printed Name of Signing General Partner
Date 1/17/03 Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE