## 2/6.

**FILED** 

2001 UNIFORM BUSINESS REPORT (UBR)

Principal Pinze of Business 1 YOME STREET, SUITE 104 1 YOUR STREET, SUI	DOCUMENT # F0000002177  1. Entity Name ICON LASER CENTERS OF AMERICA, INC.						Mar 09, 2001 8:00 am Secretary of State 02-06-2001 90297 048 ***150.00			
CAMON MAKE 15  CAMON MAKE 15  CAMON MAKE 15  Suite, Apt #, etc.  DO NOT WHITE IN This SPACE  DO NOT WHITE IN This SPACE  City & State  County  ZP  ZP  ZP  ZP  ZP  ZP  ZP  ZP  ZP  Z	<u> </u>									
Sulte, Apt. 6, etc.    Sulte, Apt. 6, etc.   Sulte, Apt. 6, etc.   Sulte, Apt. 6, etc.   DO NOT WRITE IN THIS SPACE							** - 1 1388/88 (20) 869/ 134/) \$80/ 189/ 83/	: In durin adora etadr (ruc) f <b>u</b> r	VII 4 <b>00</b> 4 1000	
City & Sales    City & Sales   City & Sales   City & Sales   City & Sales   City & Sales   City & Sales   City & Sales   City & Sales   Country   City   S. Certificate of Sunar Depired   \$8.75 Additional Figer Repetition   Figer Repetition   Fig. Reptition   Fig. Repetition   Fig. Reptition   Fig. Repetition   Fig. Reptition   Fig. Repetition   Fig. Repetition   Fig. Repetition   Fig. Repetition   Fig. Re	2. Principal P	lace of Business	3. Mailing Address							
Second Country   Zp	<u> </u>		· · · · · · · · · · · · · · · · · · ·							
S. Name and Address of Current Registered Agent  7. Name and Address of the Registered Agent  7. Name and Address of the Registered Agent  PARALEGAL & ATTORNEY SERVCE BUREAU, INC. 1408 HAYS STREET - SUITE #2 TALAMASSEE FL 82301  City						134084803 Not Applicable			t Applicable	
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.  1MOB HAIS STREET - SUITE #2 TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffuse or registered agent, or both, in the State of Florida.  SIGNATURE:  Symmetry the statement of wignated agent and the in expectation.  ACTE Registry Assessment and advanced agent and both in decision to do so. (See criteria on back)  PARALEGAL SHASSAN  SIGNATURE:  Symmetry Assessment and advanced agent and both in expectation.  ACTE Registry Assessment and advanced agent and both in expectation.  ACTE Registry Assessment and advanced agent and both in expectation.  ACTE Registry Assessment and advanced agent and both in expectation.  ACTE Registry Assessment and advanced agent and both in expectation.  ACTE Registry Assessment and advanced agent and both in the State of Florida.  ACTE Registry Assessment and advanced agent and both in the State of Florida.  ACTE Registry Assessment and advanced agent and both in the State of Florida.  ACTE Registry Assessment and advanced agent and both in the State of Florida.  ACTE Registry Assessment and advanced agent and both in the State of Florida.  ACTE Registry Assessment and advanced agent and both in the State of Florida.  ACTE Registry Assessment and advanced agent and both in the State of Florida.  ACTE Registry Assessment and advanced agent ag	Zip			Count	try			Fee Require		
### Addition  ##		6. Name and Address of Current H	legistered Agent		_ Name		lame and Address or New Koy	sector Agent		
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  Symult, typed or overed owned registered spect will be a speciation.  SIGNATURE  Symult, typed or overed owned spect will be a speciation.  SIGNATURE  Symult, typed or overed owned spect will be a speciation.  SIGNATURE  Symult, typed or overed owned spect will be a speciation.  SIGNATURE  Symult, typed or overed owned spect will be a speciation.  SIGNATURE  Symult, typed or overed owned spect will be a speciation.  SIGNATURE:  SIGNATURE  SIGNATU					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Symbol   Symbol	TALL	AHASSEE FL 32301						Zip Cod	9	
9. This corporation is etigible to satisfy its intangible (Secretive International Int	8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or reg	istered ago	ent, or both, in the State of Floric			
9. This corporation is eligible to salisfy its Inlang ble Tax Ring requirement and elocts to do so.   After MAY 1, 2001 Fee mitt-has 5858.00   10. Election Campalgn Financing   \$5,00 May Be Added to Fees   1.   Addition	SIGNATURE	Signature hazed or granted name of registered spert at	nd title if applicable. (NOTI	E: Registere	d Agent signature re	paired when re	(instating)	DATE		
Tark Ring requirement and elects to do so.   After MAY 1, 2001 Fee mitters \$55800   Addition to back)   Addition to back   Addition to b	9 This corns		<del></del>			7				
TITLE NAME BARAZI, GHASSAN SIREET ADDRESS GITY-ST-2P TITLE VSTD WIGHTMAN, KENNETH 1 YONGE STREET, SUITE 1014 TORONTO, ONTARIO, CANADA  TORONTO, ONTARIO, CANADA  TORONTO, ONTARIO, CANADA  TITLE VSTD WIGHTMAN, KENNETH 1 YONGE STREET, SUITE 1014 TORONTO, ONTARIO, CANADA  TORONTO, ONTARIO, CANADA  TITLE VSTD WIGHTMAN, KENNETH 1 YONGE STREET, SUITE 1014 TORONTO, ONTARIO, CANADA  TORONTO, ONTARIO, CANADA  TITLE WAWE STREET ADDRESS CITY-ST-2P  TITLE WAW	Tax filing	requirement and elects to do so.	After MAY 1, 20	01 Fee	Will be \$550:					
WIGHTMAN, KENNETH 17 (NORE STREET, SUITE 1014 TORONTO, ONTARIO, CANADA  TITLE  NAME	11.					AD	DITIONS/CHANGES TO OFFIC		S IN 11	
WIGHTMAN, KENNETH 17 (NORE STREET, SUITE 1014 TORONTO, ONTARIO, CANADA  TITLE  NAME	NAME STREET ADDRESS	BARAZI, GHASSAN 1 YONGE STREET, SUITE 1014	☐ Delete	NAM! STRE	E Et address		•	∟ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	vstd Wightman, Kenneth 1 Yonge Street, Suite 1014	☐ Delete	NAME STREE	E Et adoress		·	: (	Addition 85	
CITY-ST-ZIP  TITLE    Delete   TITLE   NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS	TITLE	TORONTO, ONTANIO, CANADA	Defete	NAME	E			. Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. 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 repty is true and accurate and that my signature shall have the same legal effect as if made under oalt; that I am an officer or director of the corporation or the receiver or trustee by provered to execute this report as required by Chapter, 607. Florida Statutes, and that my name an peaars in Block 11 or Block 12 if KENNETH WIGHTMAN  SIGNATURE:  VICE PRESIDENT OF FINANCE & CRO. A. Addition  KENNETH WIGHTMAN			P		•			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied, with tt/ls 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 improvered to execute this report as required by Chapter 607. Florida Statutes and that my name appears in Block 11 or Block 12 if KENNETH WIGHTMAN  SIGNATURE:  VICE PRESIDENT OF PRANICE & CPD. 0 24-200	NAME Street Adoress		☐ Deleta	NAME STREE	E Et address			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   NAME STREET ADDRESS CITY-ST-ZIP  13. 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 reporting 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 propovered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information of the receiver or trustee propovered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 or Block 12 if CNNETH WIGHTMAN  SIGNATURE:  VICE PRESIDENT OF FINANCE & CPD QUALTER 2001.			☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS CITY-SI-ZIP  13. 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 reporting the 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 propovered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 or Block 12 if CHINETH WIGHTMAN  SIGNATURE:  VICE PRESIDENT OF PRIABICE & CPD QUALITY AND	STREET ADDRESS			STRE	ET ADDRESS					
SIGNATURE: VICE PRESIDENT OF FRANCE & CPT) and 4- 2001	TITLE NAME STREET ADDRESS CITY-SI-ZIP	,		NAME STREE CITY-	E Et address -st-zip					
The state of the s		rure: ///			VICE PR		19.07(3)(i), Florida Statutes. I fu egal effect as if made under oat ta Statutes; and that my name a IGHTMAN	2001	nformation or director Block 12 if	