

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

09-18-2003 90031 003 \*\*\*150.00

<b>DOCUMENT # F00000003976</b>					
<b>1. Entity Name</b> <b>LASER VISION CENTERS, INC.</b>					
<b>Principal Place of Business</b> 540 MARYVILLE CENTRE DRIVE, SUITE 200 ST. LOUIS, MO 63141			<b>Mailing Address</b> KEN LAU % MOORE CAPITAL 1251 AVENUE OF THE AMERICAS NEW YORK, NY 10020		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 540 Maryville Centre Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 200			
City & State		City & State St. Louis, MO		<b>4. FEI Number</b> 43-1530063	
Zip		Zip 63141		Country USA	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
FILE NOW!!! FEE IS \$60.00 Any May 2003 For Profit UBR is \$60.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>KLOBNAK, JOHN J</b> 540 MARYVILLE CENTRE DRIVE, SUITE 200 ST. LOUIS, MO 63141		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CEO/ Director</b> <b>Elias Varnvakas</b> 5280 Solar Drive Mississauga, ON CANADA L4W 5M8	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DS</b> <b>MAY, ROBERT W</b> 540 MARYVILLE CENTRE DRIVE, SUITE 200 ST. LOUIS, MO 63141		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VT</b> <b>BONO, B. CHARLES</b> 540 MARYVILLE CENTRE DRIVE, SUITE 200 ST. LOUIS, MO 63141		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>COOP</b> <b>WACHTMAN, JAMES C</b> 540 MARYVILLE CENTRE DRIVE, SUITE 200 ST. LOUIS, MO 63141		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>COO, President AND Director</b> <b>Wachtman, James C</b> 540 Maryville Drive Suite 200 St. Louis, MO 63141	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LINDSTROM, RICHARD L MD</b> 710 E. 24TH STREET, #106 MINNEAPOLIS, MN 55404		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>GARVEY, JAMES M</b> 60 STATE STREET, SUITE 3650 BOSTON, MA 02109		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert W. May, Secretary			9/16/03 (314) 434-6900 Date Daytime Phone #		

CFR2034 (10/02)

September 16, 2003

**VIA FEDERAL EXPRESS**

Division of Corporations  
ATTN: Annual Reports  
409 East Gaines Street  
Tallahassee, FL 32314

RE: 2003 Corporation Uniform Business Report  
Laser Vision Centers, Inc. #F00000003976

Dear Sir or Madam:

Please find enclosed the 2003 Corporation Uniform Business Report for Laser Vision Centers, Inc. Please note that we did not receive our 2003 UBR form and, upon further investigation, found that our mailing address had somehow been changed erroneously. This address change was not requested by our company, and the address currently listed is not associated with our company in any way. We have enclosed our company's check in the amount of \$150.00 representing the filing fee. We respectfully request that our company be updated to be in good standing with the State of Florida and the \$400.00 late filing fee be waived due to the circumstances of this situation.

Thank you for your assistance in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

*Christine M. Nuccio*  
Christine M. Nuccio  
Paralegal

Enclosures

TLC Vision Corporation

U.S. Corporate Office: 540 Maryville Centre Drive • Suite 200 • St. Louis, Missouri 63141 • (314) 434-6900 • Fax (314) 434-2424  
International Corporate Office: 5280 Solar Drive • Suite 300 • Mississauga, Ontario, Canada L4W 5M8 • (905) 602-2020 • Fax (905) 602-2025  
www.tlcv.com