FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300005715

1. Corporation Name

CANDELA LASER CORPORATION

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90086 021 ***150.00

, <u>.</u>				_							
Principal Place of Business Mailing Address							((E time time time a	44.6		•	
530 BOSTON POST RD. 530 BOSTON POST RD.											
WAYLAND MA 01778-1886 WAYLAND MA 01778-1886							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				1
\							12/16/1993				1
2. Principal P	Mailing Address	ailing Address			4. FEI Number	$-\Box$	Applie	ed For	1		
21			26				04-2477008		Not A	pplicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	5 Add	litional	
22							o. Certificate of Status Desired	Fee	Requi	ired	
City & State			City & State				6. Election Campaign Financing	\$5.0			
23			<u> </u>				Trust Fund Contribution		ed to F	ees	-
Zip Country			Zip Country				8. This corporation owes the current year Intangible Personal Property Tax Yes No				
24 25			30				Personal Property Tax.			NO	-
	9. Name and Address of Current	Regis	stered Agent	81	Т	Name	10. Name and Address of New Registered	Agent			t
CTC	CORPORATION SYSTEM			0.		Hame					1
1200 S. PINE ISLAND RD.				82	T	Street Addre	ddress (P.O. Box Number is Not Acceptable)		7		
PLANTATION FL 33324											1
FLA	TATION FE 33324			83]
				84	1	City	FL	85 Zi	ip Coc	de	ĺ
11 5	to the annulations of Sections 607 050) and 6	207 1508 Florido Statutas	the abov		named como	vization submits this statement for the purpose of	f changing	its rec	pistered	┨
office or r	egistered agent, or both, in the State (of Florid	da. Such change was auth	OUZED DA	' TI	he corporation	n's board of directors. I hereby accept the appo	intment as	regis	tered	-
agent. I a	m familiar with, and accept the obligat	ions of	, Section 607.0505, Florida	a Statutes	3.						
SIGNATURE	Signature, typed or printed name of registered agen	t and title	Fandicable (NOTE: Re	nictored Ane	nt s	signature required	when reinstating) DATE				١.
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	IN 12	18
TITLE	D		☐ DELETE	1,1 TITLE	_			Chang	je	Addition	
NAME	DORNBUSH, ROBERT E	1.2		1,2 NAME	1.2 NAME						1
STREET ADDRESS	530 BOSTON POST RD			1.3 STREET ADDRESS		ADDRESS					8
CITY-ST-ZIP	WAYLAND MA 01778			1.4 CITY-ST-ZIP		ZIP	<u></u>] 8
TITLE	TV	☐ DELETE		2.1 TITLE			-	Chang	3e	Addition	9
NAME	BROYER, F PAUL	2.21		2.2 NAME	2.2 NAME						
STREET ADDRESS	530 BOSTON POST RD.	2.3 \$		2.3 STREE	2.3 STREET ADDRESS						
-CITY-ST-ZIP ==_	-WAYLAND MA-01778-			.2.4 CITY:	2.4 CITY: ST-ZIP:					<u> </u>	1_
TITLE	V			3.1 TITLE	3.1 TITLE			[]] Chang	je	☐ Addition	
· NAME	KELLEY, WILLIAM B	WILLIAM B 3.21		3.2 NAME							
STREET ADDRESS	530 BOSTON POST RD			3.3 STREE	3.3 STREET ADDRESS						
CITY-ST-ZIP	WAYLAND MA 01778				4. CITY-ST-ZIP					f ^m T A delition	1
TITLE	V	·-		4.1 TITLE	i			☐ Chanç	Je	Addition	
NAME	CAPLAN, JAY			4.2 NAME							
STREET ADDRESS				4.3 STREE							
CITY-ST-ZIP	WAYLAND MA 01778			4.4 CITY-		ZIP		Chang		Addition	1
TITLE	V		☐ DELETE	5.1 TITLE				□ custió	je.	III MUUUUN	
NAME	HSIA, JAMES C.			5.2 NAME	.	ADDDESC.					
STREET ADDRESS	530 BOSTON POST RD.				TREET ADDRESS						
CITY-ST-ZIP	WAYLAND MA			5.4 CITY-5 6.1 TITLE	UTY-ST-ZIP			Chang		☐ Addition	1
TITLE	D			1]			t, ∪nang	j¢	LI MUUUUNI	1
NAMÉ	JOHNSON, THEODORE G.	HINDON, THEODORE G.		6.2 NAME	STREET ADDRESS						
STREET ADDRESS	330 BOSTON FOST ND.]					1
CITY OF 71D	MAN AND MA			6.4 CITY-5	٠١٠.	<u>۱</u> ۲۱۷					ſ

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.