


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000005715</b> 1. Entity Name <b>CANDELA LASER CORPORATION</b>	
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Principal Place of Business <b>530 BOSTON POST RD. WAYLAND, MA 01778-1886</b>	Mailing Address <b>530 BOSTON POST RD. WAYLAND, MA 01778-1886</b>
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07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-2477008</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Robert J. Hines, CA. DATE: 6/30/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV BROYER, F PAUL 530 BOSTON POST RD. WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, QUINN E 530 BOSTON POST RD WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUORRO, GERARD 530 BOSTON POST ROAD WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILBER, ROBERT 530 BOSTON POST RD. WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGRAIL, WILLIAM 530 BOSTON POST RD. WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, KENNETH 530 BOSTON POST ROAD WAYLAND, MA 01778

UN0000371623  
07/08/05-80013-005 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Robert J. Hines DATE: 6/30/05 DAYTIME PHONE #: 508 382-3788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR