2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90379 019 ***150.00

DOCUMENT # F96000000446

1. Entity Name
TLC THE LASER CENTER (NORTHEAST) INC.

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200
City & State	City & State St. Louis, MO
Zip / Country	Zip 63141 / Country USA

4. FEI Number 52-1852589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO VAMVAKAS, ELIAS 5280 SOLAR DR SUITE 300 MISSISSAUGA, ONTARIO L4W -5M 8	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARK, BRIAN 5280 SOLAR DR SUITE 300 MISSISSAUGA, ONTARIO L4W- 5M8	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director James C. Wachtman 540 Maryville Centre Dr. #200 St. Louis, MO 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FIORINI, LLOYD 5280 SOLAR DR SUITE 300 MISSISSAUGA, ONTARIO L4W- 5M8	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Director Robert W. May 540 Maryville Centre Dr. #200 St. Louis, MO 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MUNDI, KAMAL 5280 SOLAR DR SUITE 300 MISSISSAUGA, ONTARIO L4W- 5M8	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO / Treasurer B. Charles Bono III 540 Maryville Centre Dr. #200 St. Louis, MO 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: X [signature] SIGNATURE REQUIRED Robert W. May / Secretary 1/17/03 (314)434-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #