

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90042-046-\$150.00-\$150.00

DOCUMENT # F96000005160

1. Entity Name

TLC THE LASER CENTER (INSTITUTE) INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 8:28

Principal Place of Business 6701 DEMOCRACY BLVD. SUITE 200 BETHESDA MD 20817	Mailing Address 6701 DEMOCRACY BLVD. SUITE 200 BETHESDA MD 20817-7516
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 98-0150959	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, RONALD 255 QUEENS AVE STE. 1660 LONDON, ONTARIO CANADA N6A 5R8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGERT, JOHN 5600 EXPLORER DRIVE, SUITE 301 MISSISSAUGA, ONTARIO CANADA L4W 4Y2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTETIC, PETER 5600 EXPLORER DRIVE, SUITE 301 MISSISSAUGA, ONTARIO CANADA L4W 4Y2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARMIN, ELIZABETH A 6701 DEMOCRACY BLVD #200 BETHESDA MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ANG

3/13/00 (905)602-2020  
Date Daytime Phone #