

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90009 036 \*\*\*150.00

**DOCUMENT # F96000005160**

1. Entity Name

**TLC THE LASER CENTER (INSTITUTE) INC.**

Principal Place of Business

6701 DEMOCRACY BLVD.  
 SUITE 200  
 BETHESDA MD 20817

Mailing Address

6701 DEMOCRACY BLVD.  
 SUITE 200  
 BETHESDA MD 20817

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **98-0150959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

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, 2001 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 **D** ☒ Delete  
 NAME **KELLY, RONALD**  
 STREET ADDRESS **255 QUEENS AVE STE. 1660**  
 CITY-ST-ZIP **LONDON, ONTARIO CANADA N6A -5R8**

TITLE **S and V/D** ☐ Delete  
 NAME **LLOYD, FIORINI**  
 STREET ADDRESS **6701 DEMOCRACY BLVD., SUITE 200**  
 CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **D** ☒ Delete  
 NAME **KASTETIC, PETER**  
 STREET ADDRESS **5600 EXPLORER DRIVE, SUITE 301**  
 CITY-ST-ZIP **MISSISSAUGA, ONTARIO CANADA L4W -4Y2**

TITLE **CEO + D** ☐ Delete  
 NAME **VAMVAKAS, ELIAS**  
 STREET ADDRESS **6701 DEMOCRACY BLVD., SUITE 200**  
 CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **D + P** ☐ Delete  
 NAME **Thomas G. O'Hare**  
 STREET ADDRESS **5280 Solar Dr. Ste 300**  
 CITY-ST-ZIP **Mississauga, Ontario L4W 5M8**

TITLE **Controller** ☐ Delete  
 NAME **Brian Park**  
 STREET ADDRESS **5280 Solar Dr. Ste 300**  
 CITY-ST-ZIP **Mississauga, Ontario L4W 5M8**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S/V/D** ☒ Change ☒ Addition  
 NAME **Lloyd D. Fiorini**  
 STREET ADDRESS **5280 Solar Dr. Ste 300**  
 CITY-ST-ZIP **Mississauga, Ontario L4W 5M8**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CEO/D** ☒ Change ☐ Addition  
 NAME **Elias Vamvakas**  
 STREET ADDRESS **5280 Solar Dr. Ste 300**  
 CITY-ST-ZIP **Mississauga, Ontario L4W 5M8**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**Lloyd Fiorini**  
**Secretary**

**March 19/01 905-602-2020**

Date

Daytime Phone #

CR2E034 (10/00)

0443741