

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90017 014 \*\*\*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**

**5280 SOLAR DRIVE  
 STE. 300  
 MISSISSAUGA, ONTARIO L4W-5M8  
 CA**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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**

**7. Name and Address of New Registered Agent**

**C T 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.**

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **SVD** ☐ Delete  
**NAME** **FIORINI, LLOYD D**  
**STREET ADDRESS** **5280 SOLAR DR. STE 300**  
**CITY-ST-ZIP** **MISSISSAUGA, ONTARIO L4-W5M8**

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

**TITLE** ☐ Delete  
**NAME** **CEOD**  
**STREET ADDRESS** **VAMVAKAS, ELIAS**  
**CITY-ST-ZIP** **5280 SOLAR DR. STE 300**  
**MISSISSAUGA, ONTARIO L4W- 5M8**

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

**TITLE** ☒ Delete  
**NAME** **DP**  
**STREET ADDRESS** **O'HARE, THOMAS G**  
**CITY-ST-ZIP** **5280 SOLAR DR. STE 300**  
**MISSISSAUGA ON L4-W5M8**

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

**TITLE** ☐ Delete  
**NAME** **C**  
**STREET ADDRESS** **PARK, BRIAN**  
**CITY-ST-ZIP** **5280 SOLAR DR STE 300**  
**MISSISSAUGA ONTARIO CA L4-W5M8**

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

**TITLE** ☐ Delete  
**NAME** **Rest. S**  
**STREET ADDRESS** **Kamal Mundi**  
**CITY-ST-ZIP** **5280 Solar Drive Ste 300**  
**Mississauga, Ontario L4W 5M8**

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

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **Paul Frederick**  
**CITY-ST-ZIP** **5280 Solar Drive Ste 300**  
**Mississauga, Ontario L4W 5M8**

**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 D. Fiorini, Secretary Feb 21/02 905-602-2020**

Date

Daytime Phone #

CR2E034 (9/01)