

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005160

FILED
Apr 28, 2005
Secretary of State

Entity Name: TLC THE LASER CENTER (INSTITUTE) INC.

Current Principal Place of Business:

540 MARYVILLE CENTRE DR.
SUITE 200
SAINT LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

540 MARYVILLE CENTRE DR.
SUITE 200
SAINT LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 98-0150959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WACHTMAN, JAMES C
Address: 540 MARYVILLE CENTRE DR. #200
City-St-Zip: SAINT LOUIS, MO 63141

Title: CEOD () Delete
Name: VAMVAKAS, ELIAS
Address: 5280 SOLAR DR. STE 300
City-St-Zip: MISSISSAUGA, ONTARIO, L4W 5M8

Title: SD () Delete
Name: MAY, ROBERT W
Address: 540 MARYVILLE CENTRE DR. #200
City-St-Zip: SAINT LOUIS, MO 63141

Title: T () Delete
Name: BONO, B. CHARLES III
Address: 540 MARYVILLE CENTRE DR. #200
City-St-Zip: SAINT LOUIS, MO 63141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEONARD, WILLIAM
Address: 11200 ROCKVILLE PIKE, STE 205
City-St-Zip: ROCKVILLE, MD 20852

Title: SD (X) Change () Addition
Name: ANDREW, BRIAN L
Address: 540 MARYVILLE CENTRE DR. #200
City-St-Zip: SAINT LOUIS, MO 63141

Title: TD (X) Change () Addition
Name: RASCHE, STEVEN P
Address: 540 MARYVILLE CENTRE DR. #200
City-St-Zip: SAINT LOUIS, MO 63141

Title: AT () Change (X) Addition
Name: COMPTON, JONATHAN
Address: 540 MARYVILLE CENTRE DR. #200
City-St-Zip: SAINT LOUIS, MO 63141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. ANDREW

SD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date