

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90135 045 ***550.00

0758813 IN

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

540 Maryville Centre Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

St. Louis, MO

Zip

Country

Zip

Country

63141

USA

4. FEI Number **98-0150959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FIORINI, LLOYD D 5280 SOLAR DR. STE 300 MISSISSAUGA, ONTARIO L4W5M8	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD VAMVAKAS, ELIAS 5280 SOLAR DR. STE 300 MISSISSAUGA, ONTARIO L4W- 5M8	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PARK, BRIAN 5280 SOLAR DR STE 300 MISSISSAUGA ONTARIO CA L4-W5M8	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MUNDI, KAMAL 5280 SOLAR DR., STE. 300 MISSISSAUGA, ONTARIO L4W- 5M8	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICK, PAUL 5280 SOLAR DR., STE. 300 MISSISSAUGA, ONTARIO L4W- 5M8	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director James C. Wachtman 540 Maryville Centre Dr. #200 St. Louis, MO 63141	<input type="checkbox"/> Change <input checked="" 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	Secretary/Director Robert W. May 540 Maryville Centre Dr. #200 St. Louis, MO 63141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer B. Charles Bond III 540 Maryville Centre Dr. #200 St. Louis, MO 63141	<input type="checkbox"/> Change <input checked="" 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. May, Secretary 7/14/03 (314) 434-6900

Date

Daytime Phone #

CR2E034 (4/03)