2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUMENT # L99009002373				Secre	etary of State
TAMPA LASER CENTER L.L.C.					
			111111		
· ·	e of Business	Mailing Address			
2809 WEST TAMPA, FL	WATERS AVENUE 33614	2809 WEST WATERS AVENUE Tampa, FL 33614			
DO NOT WRITE IN THIS SPACE			CE	02282004 No Chg-LLC	CR2E083 (10/03)
				4. FEI Number 59-3644357	Applied For Not Applicable
				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	21 77 77 77 77 77 77 77		
CARTHY, JOHN J 2809 WEST WATERS AVENUE TAMPA, FL 33614				DO NOT WE	RITE
			IN THIS SPACE		
				IN THIS SEA	NOE
		for the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florid	a. I am familiar with, and accept
	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered as	ent and title if applicable (NOTE Register	ed Agent signature reguired	l when roinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004				0000000 02/02/04_0	79788 3879-088 .58.00
9.	MANAGING MEN	IBERS/MANAGERS	1	ייי די געע געע געע	י מווייחר סחה בניסר
TITLE	MGRM		1		
NAME PRESE AGGREGA	CARTHY, JOHN J	_			
STREET ADDRESS	2809 WEST WATERS AVENU TAMPA, FL 33614	E			
TITLE	MGRM		1		
NAME	CARTHY, HIROKO N				
STREET ADDRESS	2809 WEST WATERS AVENU	Ē			
CITY-ST-ZIP	TAMPA, FL 33614		.}		
TITLE					
NAME STREET ADDRESS			l		
CITY-ST-ZIP				DO NOT WE	RITE
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STREET ADDRESS CITY-ST-ZIP					
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NAME			1		
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CITY - \$T - ZIP					

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or that receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND PREED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3/4/04

Daylene Phone #