


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000002973 1. Entity Name TAMPA LASER CENTER L.L.C.	
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Principal Place of Business 2809 WEST WATERS AVENUE TAMPA, FL 33614	Mailing Address 2809 WEST WATERS AVENUE TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CARTHY, JOHN J 2809 WEST WATERS AVENUE TAMPA, FL 33614	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when registering)
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000079700
03/08/04-80079-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARTHY, JOHN J 2809 WEST WATERS AVENUE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARTHY, HIROKO N 2809 WEST WATERS AVENUE TAMPA, FL 33614
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**DO NOT WRITE
IN THIS SPACE**

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date 3/4/04 Daytime Phone # _____