

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90225 029 \*\*\*\*50.00

**DOCUMENT # M01000000448**

1. Entity Name

**ADVANCED LASER CLINICS OF TAMPA BAY, LLC**

Principal Place of Business

**110 W. DAYTON STE #202  
 EDMONDS WA 98020**

Mailing Address

**110 W. DAYTON STE #202  
 EDMONDS WA 98020**

2. Principal Place of Business

**3450 Fletcher Ave.**

Suite, Apt. #, etc.

**Suite 330**

City & State

**Tampa, Florida**

Zip

**33613**

Country

**USA**

3. Mailing Address

**110 W. Dayton**

Suite, Apt. #, etc.

**Suite 202**

City & State

**Edmonds WA**

Zip

**98020**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**91-2101062**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.  
 1333 N. DUVALL ST.  
 TALLAHASSEE FL 32302**

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.

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 \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **ADVANCED LASER CLINICS INC**  
 STREET ADDRESS **110 W. DAYTON #202**  
 CITY-ST-ZIP **EDMONDS WA**

TITLE **MGRM** ☐ Delete  
 NAME **FALCON LASER CLINIC LLC**  
 STREET ADDRESS **PO BOX 340**  
 CITY-ST-ZIP **PLAINVIEW NE**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Patrick P. Chief operating officer, Adv. Laser Clinics, Inc., Mgr.**

**3/26/02 (425)774-1700**

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

Date

Daytime Phone #

CR2E083 (9/01)