2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED	
DOCU 1. Entity Nam	MENT # P020000212	61	!		Jan 24, 2005 08:00 AM Secretary of State	-
TLC-SLP,	INC.	**			Secretary of State	
			j			
Principal Place of Business		Mailing Address				
2290 NW 2ND AVE, STE 1		2290 NW 2ND AVE, STE 1		,		
BOCA RATON FL 33431		BOCA RATON FL 33431				
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2. Principal Place of Business		3. Mailing Address				
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Suite, Apt #, etc.		Suite, Apt #, etc.			1st MOORE CR2E034 (10/04)	
City & State		City & State			4. FEI Number 01-0624294 Applied Fo	
Ζιp	Country	Zip	Count	trÿ	5 Certificate of Status Desired S8.75 Additional	7
		NO STATE OF THE PARTY OF THE PA	 		7. Name and Address of New Registered Agent	
	6. Name and Address of Curren	Hegistered Agent		Name	7. Name and Address of New Registered Agent	<u></u>
PEE	TE, BRENDA		-	Street Address	(P.O. Box Number is Not Acceptable)	_
229	0 NW 23 AVE, STE 1		Į	Street Address	(P.O. Box Number is Not Acceptable)	
ВОС	CA RATON FL 33431					
				City	Zip Code	
R. The above	named entity submits this statement	or the numose of changing its	régistere	ed office of realste	ered agent, or both, in the State of Florida. I am familiar with, and acc	 cer
	tions of registered agent.					,
SIGNATURE	Signature, typod or printed name of registered agen	t and title if applicable (NOTE	Registered	d Agent signature require	ad when reinstating) DATE	-
	ILE NOW!!! FEE IS \$150,00			E.	9. Election Campaign Financing \$5.00 Mar	vΒ
	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department o				Trust Fund Contribution. Added to Fe	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	. 51114
TITLE	SLP PEETE, BRENDA	☐ Delete	NAME	´	☐ Change ☐ A3 UOOD00191948	JEFL H
NAME STREET ADDRESS	2290 NW 2ND AVE, STE 1			ELADDRESS	01/24/05-80193-019 150.00	
CITY-ST-ZIP	BOCA RATON FL 33431		City-	·SI-ZIP		
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NAME OTHER ADDRESS			NAME	E El address		
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NAME			NAME			
STREET ADORESS	-			ET ADDRESS		•
CITY ST ZIP	a autification that the information and a second second	th this films do not must be seen	<u> </u>	-SI-7IP	Section 140 O7(3VI). Florida Standard Limbber and Settler than the CT const	
indicated of the cor	l on this report or supplemental report rporation or the receiver or trustee emp	is true and accurate and that mo sowered to execute this report :	ny signat as requir	ture shall have the red by Chapter 60	iection 119.07(3)(î), Florida Statutes, I further certify that the informatic e same legal effect as if made under oath; that I am an officer or direct 17, Florida Statutes; and that my name appears in Block 10 or Block 1	មា ១០ 11
changed	, or on an attachment with an address	with all other like empowered.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _