

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000061785

Entity Name: TLC MEDICAL, INC.

FILED
Jan 14, 2003
Secretary of State

Current Principal Place of Business:

1180 CLEBRATION BLVD
SUITE 102
CELEBRATION, FL 34747

Current Mailing Address:

1180 CLEBRATION BLVD
SUITE 102
KISSIMMEE, FL 34747 US

FEI Number: 59-3188846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, MICHELE
1180 CLEBRATION BLVD SUITE 102
KISSIMMEE, FL 34747 US

New Principal Place of Business:

1180 CELBRATION BLVD
SUITE 102
CELEBRATION, FL 34747

New Mailing Address:

1180 CELBRATION BLVD
SUITE 102
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

LESTER, MICHELE
1180 CELBRATION BLVD
SUITE 102
CELEBRATION, FL 34747 US

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: MICHELE LESTER

01/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: LESTER, MICHELE
Address: 1180 CLEBRATION BLVD #102
City-St-Zip: KISSIMMEE, FL 34747

Title: PSD () Delete
Name: LESTER, BRUCE A
Address: 1180 CLEBRATION BLVD #102
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change () Addition
Name: LESTER, MICHELE
Address: 1180 CLEBRATION BLVD #102
City-St-Zip: CELEBRATION, FL 34747

Title: PSD (X) Change () Addition
Name: LESTER, BRUCE A
Address: 1180 CLEBRATION BLVD #102
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE LESTER

VTD

01/14/2003

Electronic Signature of Signing Officer or Director

Date