

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90201 031 ***150.00

UBR0303 AV

DOCUMENT # V01740

1. Entity Name

TAMPA BAY LASER CENTER, INC.

Principal Place of Business

**5435 N. 59TH STREET
 TAMPA FL 33610**

Mailing Address

**5435 N. 59TH STREET
 TAMPA FL 33610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3142649

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MINTON, JOHN
 1205 STERN WAY
 VALRICO FL 33594**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|--------------------|------------------|--------------------------|-------------------------------------|-------------------------------------|
| D | MINTON, JOHN | 1205 STERN WAY | VALRICO FL | <input type="checkbox"/> | <input type="checkbox"/> |
| D | MINTON, VIKKIE | 1205 STERN WAY | VALRICO FL | <input type="checkbox"/> | <input type="checkbox"/> |
| D | PIERCE, HARRY | 4618 POMPANO DR. | TAMPA FL | <input type="checkbox"/> | <input type="checkbox"/> |
| D | CRAIG, REBECCA M | 3935 ZURICH CT | TAMPA FL | <input type="checkbox"/> | <input type="checkbox"/> |
| D | PIERCE, HARRY | 156 MORLEY SQ. | BUTLER, TN 37640-8022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | SAMORAJCZYK, JOHN | 5414 LEILANI DR. | ST. PETE BEACH, FL 33706 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | SAMORAJCZYK, CAROL | 5414 LEILANI DR. | ST. PETE BEACH, FL 33706 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca M. Craig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (413)
 621-3377
 DATE DAYTIME PHONE #

CR2E034 (9/01)