


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90031 020 ***150.00

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



03232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3142649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MINTON, JOHN 4045 MOORES LAKE DR. DOVER, FL 33527

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MINTON, JOHN
STREET ADDRESS	1205 STERN WAY
CITY-ST-ZIP	VALRICO, FL
TITLE	D <input type="checkbox"/> Delete
NAME	MINTON, VIKKIE
STREET ADDRESS	1205 STERN WAY
CITY-ST-ZIP	VALRICO, FL
TITLE	D <input type="checkbox"/> Delete
NAME	PIERCE, HARRY
STREET ADDRESS	156 MORLEY ST
CITY-ST-ZIP	BUTLER, TN 376408022
TITLE	D <input type="checkbox"/> Delete
NAME	CRAIG, REBECCA M
STREET ADDRESS	3935 ZURICH CT
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D <input type="checkbox"/> Delete
NAME	SAMORAJCZYK, JOHN
STREET ADDRESS	5414 LEILAN DR
CITY-ST-ZIP	SAINT PETERSBURG BEACH, FL 33706
TITLE	D <input type="checkbox"/> Delete
NAME	SAMORAJCZYK, CAROL
STREET ADDRESS	5414 LEILAN DR
CITY-ST-ZIP	SAINT PETERSBURG BEACH, FL 33706

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, JOHN
STREET ADDRESS	4045 MOORES LAKE DR.
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, VIKKIE
STREET ADDRESS	4045 MOORES LAKE DR.
CITY-ST-ZIP	DOVER, FL 33527
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca M. Craig 3/23/04 813-621-5377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #