

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90087 004 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3142649**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **JOHN MINTON**
Street Address (P.O. Box Number is Not Acceptable)
4045 MOORES LAKE DR.
City **DOVER** FL Zip Code **33527**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, JOHN	NAME	
STREET ADDRESS	1205 STERN WAY	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, VIKKIE	NAME	
STREET ADDRESS	1205 STERN WAY	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, HARRY	NAME	
STREET ADDRESS	156 MORLEY ST	STREET ADDRESS	
CITY-ST-ZIP	BUTLER TN 37640-8022	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, REBECCA M	NAME	
STREET ADDRESS	3935 ZURICH CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMORAJCZYK, JOHN	NAME	
STREET ADDRESS	5414 LEILAN DR	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG BEACH FL 33706	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMORAJCZYK, CAROL	NAME	
STREET ADDRESS	5414 LEILAN DR	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG BEACH FL 33706	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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 813
621-5377
Date Daytime Phone #

CFR2E034 (10/02)