


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90008 035 ***150.00

DOCUMENT # F9600000446					
1. Entity Name TLC THE LASER CENTER (NORTHEAST) INC.					
Principal Place of Business 6701 DEMOCRACY BLVD., SUITE 200 BETHESDA, MD 20817			Mailing Address 540 MARYVILLE CENTER DR 200 SAINT LOUIS, MO 63141		
2. Principal Place of Business <i>540 Maryville Centre Dr.</i>			3. Mailing Address		
Suite, Apt. #, etc. <i># 200</i>			Suite, Apt. #, etc.		
City & State <i>St. Louis, MO</i>			City & State		
Zip <i>63141</i>		Country <i>USA</i>	Zip		Country
4. FEI Number 52-1852589				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAMVAKAS, ELIAS		NAME		
STREET ADDRESS	5280 SOLAR DR SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, 14w 5m 8		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WACHTMAN, JAMES C		NAME		
STREET ADDRESS	540 MARYVILLE CENTER DR #200		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63141		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAY, ROBERT W		NAME		
STREET ADDRESS	540 MARYVILLE CENTER DR #200		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63141		CITY-ST-ZIP		
TITLE	CFPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONO, B. CHARLES III		NAME		
STREET ADDRESS	540 MARYVILLE CENTER DR #200		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63141		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>X Robert W. May</i>		Robert W. May, Secretary		1/6/04 (314) 434-6900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	