2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000446

Entity Name: TLC THE LASER CENTER (NORTHEAST) INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
540 MARYVILLE CENTRE DR. #200					
SAINT LOUIS, MO 63141					
Current Mailing Address:			New Mailir	New Mailing Address:	
540 MARYVILLE CENTER DR					
200 SAINT LOUIS, MO 63141					
FEI Number: 52-1852589 FEI Number Applied For () FEI Numb		El Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VAMVAKAS, ELIA 5280 SOLAR DR		Title: Name: Address: City-St-Zip:	CEOD (X) Change () Addition WACHTMAN, JAMES C 540 MARYVILLE CENTER DR #200 SAINT LOUIS, MO 63141	
Title: Name: Address: City-St-Zip:	WACHTMAN, JAN	CENTER DR #200	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LEONARD, WILLIAM 11200 ROCKVILLE PIKE, STE 205 ROCKVILLE, MD 20852	
Title: Name: Address: City-St-Zip:	MAY, ROBERT V	CENTER DR #200	Title: Name: Address: City-St-Zip:	S (X) Change () Addition ANDREW, BRIAN L 540 MARYVILLE CENTER DR #200 SAINT LOUIS, MO 63141	
Title: Name: Address: City-St-Zip:	BONO, B. CHARL	CENTER DR #200	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition RASCHE, STEVEN P 540 MARYVILLE CENTER DR #200 SAINT LOUIS, MO 63141	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	AT () Change (X) Addition COMPTON, JONATHAN 540 MARYVILLE CENTER DR #200 SAINT LOUIS, MO 63141	

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: BRIAN L. ANDREW S 04/28/2005