

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000446

FILED  
Jan 23, 2007  
Secretary of State

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

**Current Principal Place of Business:**

16305 SWINGLEY RIDGE RD.  
#300  
CHESTERFIELD, MO 63017

**New Principal Place of Business:**

**Current Mailing Address:**

16305 SWINGLEY RIDGE RD.  
STE. 300  
CHESTERFIELD, MO 63017

**New Mailing Address:**

FEI Number: 52-1852589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:**

Title: CEOD ( ) Delete  
Name: WACHTMAN, JAMES C  
Address: 16305 SWINGLEY RIDGE RD., STE. 300  
City-St-Zip: CHESTERFIELD, MO 63017

Title: VP ( ) Delete  
Name: LEONARD, WILLIAM  
Address: 11200 ROCKVILLE PIKE, STE 205  
City-St-Zip: ROCKVILLE, MD 20852

Title: S ( ) Delete  
Name: ANDREW, BRIAN L  
Address: 16305 SWINGLEY RIDGE RD., STE. 300  
City-St-Zip: CHESTERFIELD, MO 63017

Title: TD ( ) Delete  
Name: RASCHE, STEVEN P  
Address: 16305 SWINGLEY RIDGE RD., STE. 300  
City-St-Zip: CHESTERFIELD, MO 63017

Title: AT ( ) Delete  
Name: COMPTON, JONATHAN  
Address: 16305 SWINGLEY RIDGE RD., STE. 300  
City-St-Zip: CHESTERFIELD, MO 63017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

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01/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date