

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90464 009 ***150.00

DOCUMENT # F96000000446

1. Entity Name

TLC THE LASER CENTER (NORTHEAST) INC.

Principal Place of Business

Mailing Address

6701 DEMOCRACY BLVD., SUITE 200
 BETHESDA MD 20817

6701 DEMOCRACY BLVD., SUITE 200
 BETHESDA MD 20817-7516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1852589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAMVAKAS, ELIAS	
STREET ADDRESS	6701 DEMOCRACY BLVD. #200	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, RONALD J	
STREET ADDRESS	6701 DEMOCRACY BLVD., SUITE 200	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REIGERT, JOHN F	
STREET ADDRESS	6701 DEMOCRACY BLVD., SUITE 200	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	T	<input type="checkbox"/> Delete
NAME	KASTELIC, PETER	
STREET ADDRESS	6701 DEMOCRACY BLVD. #200	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KARMIN, ELIZABETH A	
STREET ADDRESS	6701 DEMOCRACY BLVD. #200	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FIORINI, LLOYD	
STREET ADDRESS	6701 DEMOCRACY BLVD., SUITE 200	
CITY-ST-ZIP	BETHESDA MD 20817	

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Ang (DAVID) ANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 (905) 602-2020

Date

Daytime Phone #

CF 034 (9/99)