

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003066

FILED
Apr 26, 2004
Secretary of State

Entity Name: DAYTONA MOBILE LITHOTRIPSY, LLC

Current Principal Place of Business:

797 THOMAS LANE
COLUMBUS, OH 43214

New Principal Place of Business:

Current Mailing Address:

797 THOMAS LANE
COLUMBUS, OH 43214

New Mailing Address:

100 W THIRD AVE
SUITE 350
COLUMBUS, OH 43201

FEI Number: 46-0503034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HUGHES, RIC CFO
Address: 100 W THIRD AVE
City-St-Zip: COLUMBUS, OH 43123 US

Title: MGR () Change (X) Addition
Name: STEVENS, ANN R VP
Address: 100 W THIRD AVE SUITE 350
City-St-Zip: COLUMBUS, OH 43201 US

Title: MGR () Change (X) Addition
Name: WISE, HENRY A CEO
Address: 100 W THIRD AVE SUITE 350
City-St-Zip: COLUMBUS, OH 43201 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RIC HUGHES

CFO

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date