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95 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/08/95--01040--006
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093843 (8)
1. Corporation Name
CCC - INDIANA LITHOTRIPSY, INC.

Principal Place of Business Mailing Address
777 S FLAGLER DR SUITE 1000 WEST PALM BEACH FL 33401 **777 S FLAGLER DR SUITE 1000 WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified **12/29/1994** 3a. Date of Last Report

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under C. 100.030, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and the filer/attestator. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	CD
STREET ADDRESS		1.3 STREET ADDRESS	ABRAHAM D. GOSMAN
CITY - ST - ZIP		1.4 CITY - ST - ZIP	513 N COUNTY ROAD
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V
STREET ADDRESS		2.3 STREET ADDRESS	MICHAEL GOSMAN
CITY - ST - ZIP		2.4 CITY - ST - ZIP	197 FIRST AVE
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V.
STREET ADDRESS		3.3 STREET ADDRESS	ANDREW GOSMAN
CITY - ST - ZIP		3.4 CITY - ST - ZIP	197 FIRST AVE
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T
STREET ADDRESS		4.3 STREET ADDRESS	FREDERICK R. LEATHERS
CITY - ST - ZIP		4.4 CITY - ST - ZIP	197 FIRST AVE
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	V / S
STREET ADDRESS		5.3 STREET ADDRESS	RICHARD S. MANN
CITY - ST - ZIP		5.4 CITY - ST - ZIP	197 FIRST AVE
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	8/7/95
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such were done, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **FREDERICK R. LEATHERS** 4/24/95 (617) 433-1000
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date Telephone