

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
 05-09-2000 90049 022 ***150.00

DOCUMENT # P94000093843 (8)

1. Entity Name
CCC - INDIANA LITHOTRIPSY, Inc.

Principal Place of Business Mailing Address
 10 DORRANCE STREET, STE 400 10 DORRANCE STREET, STE400
 PROVIDENCE, RI 02903 PROVIDENCE, RI 02903

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

A0037508

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0558089 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

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.

LAUREN H. KREATZ,
SPECIAL ASSISTANT SECRETARY

SIGNATURE *Lauren Kreatz* DATE *4/11/00*

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 P/D/CEO NAME HEFFERNAN, MICHAEL T. STREET ADDRESS 10 DORRANCE STREET, STE 400 CITY-ST-ZIP PROVIDENCE, RI 02903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Treas/CFO NAME GILHEENEY, GARY S. STREET ADDRESS 10 DORRANCE STREET, STE 400 CITY-ST-ZIP PROVIDENCE, RI 02903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE secty/VP NAME BARRETT, VERONICA A. STREET ADDRESS 10 DORRANCE STREET, STE 400 CITY-ST-ZIP PROVIDENCE, RI 02903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP/COO NAME John Wardle STREET ADDRESS 10 Dorrance St, Ste 400 CITY-ST-ZIP Providence RI 02903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Veronica A. Barrett* *4/10/00* *401-868-6672*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)