

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90016 040 ****50.00

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1. Entity Name
AMERICAN KIDNEY STONE MANAGEMENT, LTD.,
LIMITED LIABILITY COMPANY



Principal Place of Business
797 THOMAS LANE
COLUMBUS, OH 43214

Mailing Address
797 THOMAS LANE
COLUMBUS, OH 43214

DO NOT WRITE IN THIS SPACE



02242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
31-1460603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOFF, STEPHEN A MD
797 THOMAS LANE
COLUMBUS, OH 43214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PENNINGTON, DAVID W
797 THOMAS LANE
COLUMBUS, OH 43214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WISE, HENRY A II, MD
797 THOMAS LANE
COLUMBUS, OH 43214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MORABITO, ROCCO A MD
797 THOMAS LANE
COLUMBUS, OH 43214

*Correction
Mora bito*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NELSON, JAMES H III, MD
797 THOMAS LANE
COLUMBUS, OH 43214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HAMWAY, SAMMY M MD
797 THOMAS LANE
COLUMBUS, OH 43214

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IN THIS SPACE**

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/25/05