

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005451

**Entity Name:** AMERICAN KIDNEY STONE MANAGEMENT, LTD., LIMITED LIABILITY COMPANY**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC1506958726****Current Principal Place of Business:**100 W THIRD AVENUE  
SUITE 350  
COLUMBUS, OH 43201**Current Mailing Address:**100 W THIRD AVENUE  
SUITE 350  
COLUMBUS, OH 43201 US**FEI Number: 31-1460603****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	KOFF, MD, STEPHEN A
Address	100 W THIRD AVENUE SUITE 350
City-State-Zip:	COLUMBUS OH 43201

Title	MGR
Name	BUERGENTHAL, ALAN
Address	100 W THIRD AVENUE SUITE 350
City-State-Zip:	COLUMBUS OH 43201

Title	MGR
Name	WISE II, MD, HENRY A
Address	100 W THIRD AVENUE SUITE 350
City-State-Zip:	COLUMBUS OH 43201

Title	MGR
Name	MORABITO MD, ROCCO A
Address	100 W THIRD AVENUE SUITE 350
City-State-Zip:	COLUMBUS OH 43201

Title	MGR
Name	HUGHES CFO, RIC
Address	100 W THIRD AVE SUITE 350 COLUMBUS OH 4320
City-State-Zip:	COLUMBUS OH 43201

Title	MGR
Name	HAMWAY, MD, SAMMY M
Address	100 W THIRD AVENUE SUITE 350
City-State-Zip:	COLUMBUS OH 43201

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HUGHES CFO, RIC****CFO****02/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date