

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000023

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA LITHOTRIPSY OF LAKE LAND, LP

**Current Principal Place of Business:**

15918 DAWSON RIDGE DRIVE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

15918 DAWSON RIDGE DRIVE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 26-4146054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELAL, MOHAMED  
15918 DAWSON RIDGE DRIVE  
TAMPA, FL 33647 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

**GENERAL PARTNER INFORMATION:**

Document #: L08000100609  
Name: SOUTH FLORIDA MOBILE LITHOTRIPSY, LLC  
Address: 17359 EMERALD CHASE DRIVE  
City-St-Zip: TAMPA, FL 33647

**ADDRESS CHANGES ONLY:**

Address: 15918 DAWSON RIDGE DR  
City-St-Zip: TAMPA, FL 33647

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MOHAMED HELAL, MD

MGR

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date