

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004075 AF

DOCUMENT # **A19548**

1. Entity Name

**SOUTH FLORIDA LITHOTRIPTERS LTD.**

**FILED**

*Handwritten signature*

Principal Place of Business

**% MARSHA G. MADORSKY**  
**2665 SOUTH BAYSHORE DR., STE 603**  
**MIAMI FL 33133**

Mailing Address

**C/O MARSHA MADORSKY**  
**2000 S. BAYSHORE DR., VILLA #41**  
**MIAMI FL 33133**

**01 APR 16 PM 12:40**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 SE Second Street**  
Suite, Apt. #, etc.  
**Suite 4000**

3. Mailing Address

**100 SE Second Street**  
Suite, Apt. #, etc.  
**Suite 4000**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**59-2508136**

Applied For

Not Applicable

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**MADORSKY, MARSHA G.**  
**2665 SOUTH BAYSHORE DR.**  
**STE 603**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name  
**Marsha G. Madorsky**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 SE Second Street**  
**Suite 4000**  
City  
**Miami** **FL** **33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-19-01**

9. Capital Contributions as Shown on record.

**\$2,765,460.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MADORSKY, MARTIN**  
**2000 S. BAYSHORE DRIVE, VILLA #41**  
**MIAMI FL 33133**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/19/01**

**305-265-853**

CR2E003 (11/00)