


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A19548	
1. Entity Name SOUTH FLORIDA LITHOTRIPTERS LTD.	

FILED
03 MAR 20 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



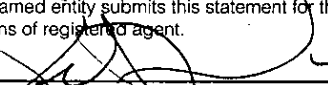
Principal Place of Business 100 S.E. SECOND ST., STE. 4000 MIAMI FL 33131	Mailing Address 100 S.E. SECOND ST., STE. 4000 MIAMI FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-2508136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MADORSKY, MARSHA G. 100 S.E. SECOND ST., STE. 4000 MIAMI FL 33131

7. Name and Address of New Registered Agent
Name CFRA, LLC
Street Address (P.O. Box Number is Not Acceptable) One Harbour Place, 777 S. Harbour Isl. Blvd. Suite 500 City Tampa FL Zip Code 33602

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 	DATE Peter J Winders Vice President 3-13-03

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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
	MADORSKY, MARTIN		
STREET ADDRESS	2000 S. BAYSHORE DRIVE, VILLA #41	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33133		
DOCUMENT #	NAME	STREET ADDRESS	600014408866
			03/20/03--01027--028 **526.25
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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: 	3-13-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Date Daytime Phone #	

CR2E003 (10/02)