

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A21709 1. Entity Name BAY AREA RENAL STONE CENTER, LTD.					
Principal Place of Business 6002 49TH STREET N. ST. PETERSBURG, FL 33709			Mailing Address 6002 49TH STREET N. ST. PETERSBURG, FL 33709		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
05132004 Chg-LP CR2E003 (10/03)				4. FEI Number 59-2609061	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RENAL STONE CENTER MANAGEMENT, INC. 6002 49TH STREET NO. ST. PETERSBURG, FL 33709			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,667,485.25			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	H78254		STREET ADDRESS		
NAME	RENAL STONE CENTER MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	6002 49TH ST N.				
CITY-ST-ZIP	ST. PETERSBURG, FL 33709				
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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)(f), 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 629, Florida Statutes					
SIGNATURE:			5-1704 727-521-3645		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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