

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31522

1. Entity Name

FLORIDA LITHOTRIPTERS LIMITED PARTNERSHIP I

Principal Place of Business

1301 CAPITAL OF TEXAS HIGHWAY
SUITE C-300
AUSTIN TX 78746

Mailing Address

1301 CAPITAL OF TEXAS HIGHWAY
SUITE C-300
AUSTIN TX 78746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 SEP -4 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number

56-1748893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C-T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$200,000.00

10. Amount of Capital Contributions

as Shown on record

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 # P33885
NAME LITHOTRIPTERS, INC.
STREET ADDRESS 1301 CAPITAL OF TEXAS HIGHWAY
CITY-ST-ZIP AUSTIN TX 78746

STREET ADDRESS

CITY-ST-ZIP

500004575015--0

09/07/01--01055--022

****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500004575015--0

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****400.00 ****400.00

DOCUMENT #
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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

Asst. Sec.

John M. O'Gorman

2/6/01 512-314-4546

Date

Daytime Phone #

0003363 AB

CR2E003 (5/01)

STAPLE CHECK HERE