

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000001974

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** UMS WEST FLORIDA LITHOTRIPSY, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1500 WEST PARK DRIVE  
SUITE 390  
WESTBOROUGH, MA 01581

**New Principal Place of Business:**

**Current Mailing Address:**

1500 WEST PARK DRIVE  
SUITE 390  
WESTBOROUGH, MA 01581

**New Mailing Address:**

**FEI Number:** 62-1750661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 #: M98000000073  
Name: UMS LITHOTRIPSY MANAGEMENT, LLC  
Address: 1500 WEST PARK DRIVE, SUITE 390  
City-St-Zip: WESTBOROUGH, MA 01581

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: JORGEN MADSEN

MGR

03/14/2011

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

\_\_\_\_\_  
Date