

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 009 ***150.00

DOCUMENT # F01000003765

1. Entity Name
PRIME KIDNEY STONE TREATMENT, INC.



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**

44002285



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

200B

Suite, Apt. #, etc.

200B

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

22-3167335

Applied For

Not Applicable

Zip

Country

Zip

Country

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 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUMMEL, BRAD	
STREET ADDRESS	1301 CAPITAL OF TEXAS HIGHWAY, SUITE C-300	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNIDGE, JOHN	
STREET ADDRESS	1301 CAPITAL OF TEXAS HIGHWAY, SUITE C-300	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, JAMES	
STREET ADDRESS	1301 CAPITAL OF TEXAS HIGHWAY, SUITE C-300	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE	AS	<input type="checkbox"/> Delete
NAME	O'GORMAN, JOHN M	
STREET ADDRESS	1301 CAPITAL OF TEXAS HIGHWAY, SUITE C-300	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Lankford	
STREET ADDRESS	1301 Capital of TX Hwy, 200B	
CITY-ST-ZIP	Austin, TX 78746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 Capital of TX Hwy, Ste 200B	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 Capital of TX Hwy, Ste 200B	
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 Capital of TX Hwy, Ste 200B	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1/8/04

512-314-4546

Date

Daytime Phone #