FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H78254** **(0)**

1. Corporation Name
RENAL STONE CENTER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~3227 BENNET ST. N.~~ ~~ST. PETERSBURG FL 33713~~ 6002 49th St N St Petersburg, Fl 337	~~3227 BENNET ST. N.~~ ~~ST. PETERSBURG FL 33713~~ 6002 49th St N St Petersburg

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1985	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2584087	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6002 49th St N	26 6002 49th St N
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St Petersburg, Fl	City & State 28 St Petersburg, Fl
Zip 24 33709 Country 25 Pinellas	Zip 29 33709 Country 30 Pinellas

9. Name and Address of Current Registered Agent

YORK, WOODY N.
~~1200 SWANN AVE.~~
1223 ROXMERE RD
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	YORK, WOODY N.	1.2 NAME		
STREET ADDRESS	1223 ROXMERE RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, T. JOHNSON	2.2 NAME		
STREET ADDRESS	11011 JEFFORDS ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	THRO, JOSEPH	3.2 NAME	John D. Welch	
STREET ADDRESS	219 PALERMO PL	3.3 STREET ADDRESS	650 MOURNING DOVE DR	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	SARASOTA, Fl 34236	
TITLE	SD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MAWN, THOMAS	4.2 NAME		
STREET ADDRESS	4710 HABANA AVE. N.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BORGES, FERNANDO	5.2 NAME	Jerrold Sharkey	
STREET ADDRESS	6499-38TH AVE.N.	5.3 STREET ADDRESS	5652 MEADOW LANE	
CITY-ST-ZIP	ST. PETE FL	5.4 CITY-ST-ZIP	NEW PORT RICHEY, Fl 34653	
TITLE	VD	6.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CASTELLANOS, RONALD	6.2 NAME		
STREET ADDRESS	3660 CENTRAL AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0910240 CP