

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H78254 (0)  
1. Corporation Name  
RENAL STONE CENTER MANAGEMENT, INC.

Principal Place of Business 6002 49TH ST N ST. PETERSBURG FL 33709 US	Mailing Address 6002 49TH ST N ST. PETERSBURG FL 33709 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/24/1985	
4. FEI Number 59-2584087		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent YORK, WOODY N. 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	
85 Zip Code				FL	

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

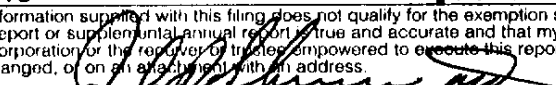
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	YORK, WOODY N.		1.1 TITLE			
NAME	D	ROSS, T. JOHNSON		1.2 NAME			
STREET ADDRESS	D	11011 JEFFORDS ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	D	CLEARWATER FL		1.4 CITY-ST-ZIP			
TITLE	SD	HARP, ROBERT		2.1 TITLE			
NAME	SD	500 VONDERBURG DR		2.2 NAME			
STREET ADDRESS	SD	BRANDON FL		2.3 STREET ADDRESS			
CITY-ST-ZIP	SD			2.4 CITY-ST-ZIP			
TITLE	TD	GORDON, MARK R		3.1 TITLE	V/D		
NAME	TD	601 7TH STREET S		3.2 NAME	Karp, Robert (spelled wrong)		
STREET ADDRESS	TD	ST PETERSBURG FL 33701		3.3 STREET ADDRESS			
CITY-ST-ZIP	TD			3.4 CITY-ST-ZIP			
TITLE	VD	SHARKEY, JERROLD		4.1 TITLE	S/D		
NAME	VD	5652 MEADOW LANE		4.2 NAME			
STREET ADDRESS	VD	NEW PORT RICHEY FL		4.3 STREET ADDRESS			
CITY-ST-ZIP	VD			4.4 CITY-ST-ZIP			
TITLE	PD	CASTELLANOS, RONALD		5.1 TITLE	P/D		
NAME	PD	3660 CENTRAL AVE.		5.2 NAME			
STREET ADDRESS	PD	FT. MYERS FL		5.3 STREET ADDRESS			
CITY-ST-ZIP	PD			5.4 CITY-ST-ZIP			
TITLE	D	John P. Scheuren, M.D.		6.1 TITLE			
NAME	D	1329 Monterey Blvd. N.E.		6.2 NAME			
STREET ADDRESS	D	St. Petersburg, FL 33704		6.3 STREET ADDRESS			
CITY-ST-ZIP	D			6.4 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 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:  4/23/98 8135243929

CR2E034 (10/97)