

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90004 029 \*\*\*550.00

**DOCUMENT # H78254**

1. Entity 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

44090016



05132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2584087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

YORK, WOODY N.  
1223 ROXMER RD  
TAMPA, FL 33606

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	YORK, WOODY N.
STREET ADDRESS	1223 ROXMER RD
CITY-ST-ZIP	TAMPA, FL
TITLE	TD
NAME	ROSS, T. JOHNSON
STREET ADDRESS	11011 JEFFORDS ST.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	VD
NAME	KARP, R
STREET ADDRESS	500 VONDERBURG DR
CITY-ST-ZIP	BRANDON, FL
TITLE	PD
NAME	GORDON, MARK R
STREET ADDRESS	601 7TH STREET S
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	SD
NAME	THRO, JOSEPH G
STREET ADDRESS	530 S NOKOMIS AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	SCHERUEN, J P
STREET ADDRESS	1329 MONTEREY BLVD, NE
CITY-ST-ZIP	ST PETE, FL 33704

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

5-12-04

227-521-3645