

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78254

FILED
Jul 18, 2005
Secretary of State

Entity Name: RENAL STONE CENTER MANAGEMENT, INC.

Current Principal Place of Business:

6002 49TH ST N
ST. PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

6002 49TH ST N
ST. PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 59-2584087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YORK, WOODY N.,
Address: 1223 ROXMERE RD
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: ROSS, T. JOHNSON,
Address: 11011 JEFFORDS ST.
City-St-Zip: CLEARWATER, FL

Title: VD () Delete
Name: KARP, R
Address: 500 VONDERBURG DR
City-St-Zip: BRANDON, FL

Title: PD () Delete
Name: GORDON, MARK R
Address: 601 7TH STREET S
City-St-Zip: ST PETERSBURG, FL 33701

Title: SD () Delete
Name: THRO, JOSEPH G
Address: 530 S NOKOMIS AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: SCHERUEN, J P
Address: 1329 MONTEREY BLVD, NE
City-St-Zip: ST PETE, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R GORDON

PD

07/18/2005

Electronic Signature of Signing Officer or Director

Date