FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J04357** **(6)**

1. Corporation Name

MEDICUS MOBILE LITHOTRIPSY, INC.

Principal Place of Business

1340 PALMETTO AVE.
WINTER PARK FL 32789

Mailing Address

1340 PALMETTO AVE.
WINTER PARK FL 32789

3. Date Incorporated or Qualified: **03/13/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-0658622** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FINKEL, TED S.
1340 PALMETTO AVE.
WINTER PARK FL 32789

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 607.1502, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE	☑ Change	☐ Addition
NAME	MESQUITA, JEFFREY S.		12 NAME	Mesquita, Jeffrey	
STREET ADDRESS	200 GALLERIA PARKWAY NW 140		13 STREET ADDRESS	1340 Palmetto Avenue	
CITY-ST-ZIP	ATLANTA GA 30339		14 CITY ST ZIP	Winter Park FL 32792	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change	☐ Addition
NAME	SCHOECK, JAMES MD		22 NAME		
STREET ADDRESS	6115 MATCHETT RD.		23 STREET ADDRESS		
CITY-ST-ZIP	ORALNDO FL 32809		24 CITY ST ZIP		
TITLE	TD	☐ DELETE	31 TITLE	☐ Change	☐ Addition
NAME	HUNTER, cATRICK MD		32 NAME		
STREET ADDRESS	100 W. GORE ST. 405		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		34 CITY ST ZIP		
TITLE		☐ DELETE	41 TITLE	☐ Change	☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 in an attachment with an address.

SIGNATURE: _____ 3/27/96 407-644-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)