

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:59

DOCUMENT # K93099

(5)

1. Corporation Name

ORANGE LITHOTRIPSY, INC.

Principal Place of Business

Mailing Address

FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET, 43600
MIAMI FL 33131

FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET, 43600
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1989

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2956229

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21. **FLORIDA REGISTERED AGENTS, INC.**
Suite, Apt. **1181 Orange Ave.**
WINTER PARK, FL 32789
City & State
23. Zip Country

2a. Mailing Address
26. **FLORIDA REGISTERED AGENTS, INC.**
Suite, Apt. **1181 Orange Ave.**
WINTER PARK, FL 32789
City & State
28. Zip Country

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET, 43600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name **GENE C. MILLER, M.D.**
82. Street Address (P.O. Box Number is Not Acceptable)
83. **FLORIDA REGISTERED AGENTS, INC.**
1181 Orange Ave.
84. City **WINTER PARK, FL 32789** 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

Signature typed or printed name of registered agent and fee if applicable

(Not Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, GENE C. MD
STREET ADDRESS	1181 ORANGE AVE
CITY ST ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE C. MILLER, M.D.

K-77-95

407-647-1331