

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001499

1. Entity Name

ORLANDO LITHOTRIPTERS, L.L.C.

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90067 035 ****50.00

981115



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2501 NORTH ORANGE AVE., STE. 121 ORLANDO FL 32804		Mailing Address 2501 NORTH ORANGE AVE., STE. 121 ORLANDO FL 32804	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3629659	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEDEL, EUGENE
 C/O FLORIDA HOSPITAL
 601 EAST ROLLINS STREET
 ORLANDO FL 32803

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Eugene Wedel Pres. Eugene Wedel 8/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMEM ADVENTIST HEALTH SYSTEM/SUNBELT, INC. 2501 N. ORANGE AVE., STE 121 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Eugene Wedel 9/13/02 407 363-1847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)