

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000001499

1. Entity Name
ORLANDO LITHOTRIPTERS, L.L.C.



Principal Place of Business
**2501 NORTH ORANGE AVE., STE. 121
ORLANDO, FL 32804**

Mailing Address
**2501 NORTH ORANGE AVE., STE. 121
ORLANDO, FL 32804**



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629659	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMEM ADVENTIST HEALTH SYSTEM/SUNBELT, INC. 2501 N. ORANGE AVE., STE 121 ORLANDO, FL 32804
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04/29/04-80150-018 50.00**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/04 *407 303-1844*
Date Daytime Phone #