2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 07, 2006 8:00 am Secretary of State

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DOCUMENT # L03000029677 1. Entity Name PRECISION LITHOTRIPSY OF SOUTH BROWARD, LLC									
Principal Place	e of Business		Mailing Address				-		
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			P.O. Box 540059			ł			
Suite, Apt. #, etc.			Suite, Apt, #, etc.			03152006	Chg-LLC	CR2E083 (11/05))
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	o. Name and	Address of Current P	(Name			J. Name and	Address of New I	redistered whent	
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	ERAL HIGHW		Street Address			s (P.O. Box Number is Not Acceptable)			
ROCKLEDGE FL 32955								·	
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		•			City			FL Zp Co	1
8. The above	named entity sub	mits this statement for	the purpose of changing its	registered	allice or register	red agent, or bo	th, in the State of Fi	orida. I em familiar with	, and accept
the obligat	tions of registered	agent.	- —				1	1-11-	·
SIGNATURE .							4	24 06	Į
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CITY+ST-ZIP	certify that the inf	ormation supplied with	this filing does not qualify for	the exemp	ptions contained	I in Chapter 119	, Florida Statutes. I	further certify that the inf	omation
CITY-ST-ZIP 11. I hereby indicated	certify that the infedor to this report is	rue and accurate end	that my signature shall have t	the exemp	ptions contained agal effect as if r	made under oat	h; that I am a mana	further certify that the int ging member or manag	ormation er of the
11. I hereby indicated	certify that the infedor to this report is	rue and accurate end	this filing does not qualify for that my signature shall have e empowered to execute this	the exemp	ptions contained agal effect as if r	made under oat	h; that I am a mana	further certify that the intiging member or manag	formation er of the
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for Precision Lithotripsy. LC 321636-0535



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2006

PRECISION LITHOTRIPSY OF SOUTH BROWARD, LLC 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955

Subject: PRECISION LITHOTRIPSY OF SOUTH BROWARD, LLC

Reference Number:

L03000029677

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LB ANNUAL REPORTS SECTION

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ATTACHMENT 3000 19677 MEMBER ADDRESS LIST

- 1. Eric Pachter, M.D. MGLM 601 North Flamingo Road, Suite 402 Pembroke Pines, FL 33028
- 2. Jay Kim, M.D. My (LW)
 UCSF
 21110 Biscaynne Boulevard, # 106
 Aventura, Florida 33180
- 3. Giridhar S. Talluri, M.D. M. L.M. 7500 Almansa Street
 Coral Gables, Florida 33143
- 4. Antonio Reyes, M.D. M L M 2261 N. University Drive, Suite 204 Pembroke Pines, FL 33024
- 5. Jonathan and Kerri Masel M G LM
 5062 Stillwater Terrace
 Cooper City, FL 33330
- Urologix Solutions, Inc. MG LM c/o Maury Jayson, VP 601 N. Flamingo Road, #203 Pembroke Pines, FL 33028
- 7. Aurelia Holdings, Ltd. MGKM c/o Jack Pines, Partner 3860 N. 39 Avenue Hollywood, FL 33021
- 8. Daniel Cohen, M.D. MG LM 4935 Sarazen Drive Hollywood, FL 33021-2265
- 9. Floyd and Jacci Seskin M G KM 1921 NE 188th Street North Miami Beach, FL 33179
- 10. Robert Sherman, M.D. MGLM 500 North Hiatus Road, #107 Pembroke Pines, FL 33026

Mark and Marlene Weitzenfeld 21110 Biscayne Blvd., Suite 401 Aventura, FL 33180 11.

ATTACHMENT __30009807 #L03000029677