

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

47.

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

04-26-2006 90027 012 ****50.00

DOCUMENT # L03000029677			
1. Entity Name PRECISION LITHOTRIPSY OF SOUTH BROWARD, LLC			
Principal Place of Business 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955		Mailing Address 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955	
2. Principal Place of Business		3. Mailing Address P.O. Box 540059	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ROCKLEDGE, FL	
Zip	Country	Zip	Country
		32956-0059	USA
4. FEI Number 20-2945875		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUGHAN, SCOTT M ESQ. 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 4/24/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRECISION LITHOTRIPSY, LLC 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	See Attached managing member list - all MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAUGHAN, SCOTT M 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 4/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

for Precision Lithotripsy, LLC 321 636-0535



ATTACHMENT

36609807

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 **has not been filed** 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

RETURNED TO
P.O. BOX
BELOW
6-1-06
WISH BURNETT
321-636-0535

ATTACHMENT
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~~#20300029677~~
MEMBER ADDRESS LIST

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

ATTACHMENT

30609807

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

MGM

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