

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029677

FILED
Apr 30, 2009
Secretary of State

Entity Name: PRECISION LITHOTRIPTY OF SOUTH BROWARD, LLC

Current Principal Place of Business:

895 BARTON BLVD
STE B
ROCKLEDGE, FL 32955

New Principal Place of Business:

3490 NORTH US HIGHWAY 1
COCOA, FL 32926

Current Mailing Address:

PO BOX 560059
ROCKLEDGE, FL 329560059

New Mailing Address:

3490 NORTH US HIGHWAY 1
COCOA, FL 32926

FEI Number: 20-2945875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUGHAN, SCOTT M ESQ.
895 BARTON BLVD STE B
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BAUGHAN, SCOTT M ESQ.
3490 NORTH US HIGHWAY 1
COCOA, FL 32926 US

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.

SIGNATURE: SCOTT M. BAUGHAN

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRECISION LITHOTRIPTY, LLC
Address: 895 BARTON BLVD STE B
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: PACHER, ERIC M.D.
Address: 601 NORTH FLAMINGO RD SUITE 402
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: KIM, JAY M.D.
Address: 21110 BISCAYNE BLVD SUITE 106
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: REYES, ANTONIO M.D.
Address: 2261 NORTH UNIVERSITY DR SUITE 204
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: SEKIN, FLOYD
Address: 1921 NE 188 ST
City-St-Zip: N MIAMI BEACH, FL 33177

Title: MGRM () Delete
Name: MASEL, JONATHAN MD
Address: 5062 STILLWATER TERRACE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT M. BAUGHAN

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date