

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90187 046 ***138.75

DOCUMENT # L04000066751

1. Entity Name
THE FLORIDA LITHOTRIPSY, LLC



Principal Place of Business

**3531 U.S. 27 SOUTH
SEBRING, FL 33870 US**

Mailing Address

**3531 U.S. 27 SOUTH
SEBRING, FL 33870 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05072008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

80-0120554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, KEVIN L DR
3435 S HIGHLANDS AVE
SEBRING, FL 33870**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PAHK, KYE C
STREET ADDRESS 3531 U.S. 27 SOUTH
CITY-ST-ZIP SEBRING, FL 33870

TITLE MGR ☐ Delete
NAME NELSON, EUSTIS S
STREET ADDRESS 3531 U.S. 27 SOUTH
CITY-ST-ZIP SEBRING, FL 33870

TITLE MGR ☐ Delete
NAME LEE, KEVIN L
STREET ADDRESS 3531 US HWY 27 S.
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-12-08 863382-4141