

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066751

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE FLORIDA LITHOTRIPSY, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 80-0120554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEE, KEVIN L DR
2373 U S HWY 27 SO
SEBRING, FL 33870 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: KEVIN L LEE

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAHK, KYE C
Address: 3531 U.S. 27 SOUTH
City-St-Zip: SEBRING, FL 33870 US

Title: MGR () Delete
Name: NELSON, EUSTIS S
Address: 3531 U.S. 27 SOUTH
City-St-Zip: SEBRING, FL 33870 US

Title: MGR () Delete
Name: LEE, KEVIN L
Address: 3531 US HWY 27 S.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: LEE, KEVIN L
Address: 2373 U S HWY 27 SO
City-St-Zip: SEBRING, FL 33870

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: KEVEN L LEE

DR

03/31/2009

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