2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State
05-07-2008 90018 023 ***138.75

DOCUMENT # L07000067314

1. Entity Name
FLORIDA HOSPITAL KIDNEY STONE CENTER, LLC

Principal Place of Business	Mailing Address
1812 NORTH MILLS ORLANDO, FL 32803	1812 NORTH MILLS ORLANDO, FL 32803

30008737

04212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1812 North Mills Avenue	1812 North Mills Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32803-1854 Country	Zip: 32803-1854 Country

4. FEI Number: 26-0456576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLAIMAN, ALLAN P 1812 NORTH MILLS ORLANDO, FL 32803	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
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE: Vice Pres. of Fiscal Systems NAME: Doug Hilliard STREET ADDRESS: (same) → CITY-ST-ZIP	TITLE NAME: Florida Hospital Medical Center STREET ADDRESS: 2501 N. Orange Avenue, Suite 121 CITY-ST-ZIP: Orlando, FL 32804 ☐ Change ☒ Addition
TITLE: President ☐ Delete NAME: Allan P. Klaiman M.D. STREET ADDRESS: (same) → CITY-ST-ZIP	TITLE NAME: Winter Park Urology Associates, P.A. STREET ADDRESS: 1812 N. Mills Avenue CITY-ST-ZIP: Orlando, FL 32803-1854 ☐ Change ☒ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: [signature] - Allan P. Klaiman - President 4-28-08 407-897-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #