

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L86025 (8)
1. Corporation Name
GREATER JACKSONVILLE LITHOTRIPSY SERVICES, INC.

Principal Place of Business 550 BALMORAL CIRCLE, NORTH SUITE 203 JACKSONVILLE FL 32218 US	Mailing Address 7003 CHADWICK DR STE 321 BRENTWOOD TN 37027-5232 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3026688	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FAIRCHILD, RONALD D. 701 FISK STREET JACKSONVILLE FL 32204				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALDOCK, JAMES A.			1.2 NAME			
STREET ADDRESS	1440 BELEVEDERE AVENUE			1.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEARSS, ROLLIN W.			2.2 NAME			
STREET ADDRESS	683 KILCHURN DR			2.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			2.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ECKELS, A. RONALD			3.2 NAME			
STREET ADDRESS	8653 SAN SERVERA DR., W.			3.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			3.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONDER, FLOYD S			4.2 NAME			
STREET ADDRESS	3509 S UNIVERSITY STE 603			4.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITTAKER, JOHN R.			5.2 NAME			
STREET ADDRESS	4222 POINT LAVISTA ROAD			5.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	D		
STREET ADDRESS				6.3 STREET ADDRESS	George I. Miquel, Jr.		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	3627 University Blvd S. #255 Jacksonville, FL 32216		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. Ronald Eckels* A. Ronald Eckels, President

4/20/98

CR2E034 (10/97)