2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L86025

1. Entity Name
GREATER JACKSONVILLE LITHOTRIPSY SERVICES, INC.

Principal Place of Business	Mailing Address
550 BALMORAL CIRCLE, NORTH SUITE 203 JACKSONVILLE, FL 32218 US	7003 CHADWICK DR STE 321 BRENTWOOD, TN 37027-5232 US

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3026688
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRCHILD, RONALD D.
701 FISK STREET
JACKSONVILLE, FL 32204

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BALDOCK, JAMES A.
STREET ADDRESS	1440 BELEVEDERE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VPD
NAME	BEARSS, ROLLIN W.
STREET ADDRESS	683 KILCHURN DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	ECKELS, A. RONALD
STREET ADDRESS	8653 SAN SERVERA DR., W.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	GONDER, FLOYD S
STREET ADDRESS	3599 S UNIVERSITY STE 603
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	WHITTAKER, JOHN R.
STREET ADDRESS	4222 POINT LAVISTA ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	MIGUEL, GEORGE I. JR.
STREET ADDRESS	3627 UNIVERSITY BLVD. S. #255
CITY-ST-ZIP	JACKSONVILLE, FL 32216

U00000128117
04/26/04-80025-011 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/26/04 615-370-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #