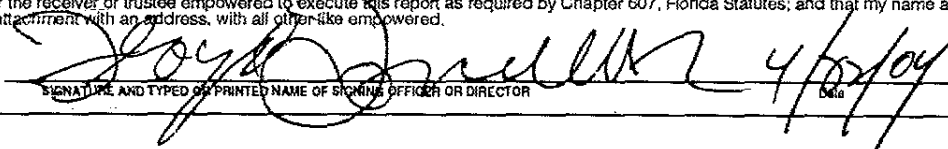


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L86025 . .		
1. Entity Name GREATER JACKSONVILLE LITHOTRIPSY SERVICES, INC.		
Principal Place of Business 550 BALMORAL CIRCLE, NORTH SUITE 203 JACKSONVILLE, FL 32218 US	Mailing Address 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		DO NOT WRITE IN THIS SPACE
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 \$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		DO NOT WRITE IN THIS SPACE U000000128117 04/26/04-80025-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALDOCK, JAMES A. 1440 BELEVEDERE AVENUE JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEARSS, ROLLIN W. 683 KILCHURN DR JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECKELS, A. RONALD 8653 SAN SERVERA DR., W. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONDER, FLOYD S 3599 S UNIVERSITY STE 603 JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTAKER, JOHN R. 4222 POINT LAVISTA ROAD JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL, GEORGE I. JR. 3827 UNIVERSITY BLVD. S. #255 JACKSONVILLE, FL 32216	
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 Daytime Phone #		