

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86025

FILED
Apr 17, 2009
Secretary of State

Entity Name: GREATER JACKSONVILLE LITHOTRIPSY SERVICES, INC.

Current Principal Place of Business:

2342 FOXHAVEN DR W
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

7003 CHADWICK DR
STE 321
BRENTWOOD, TN 370275232 US

New Mailing Address:

FEI Number: 59-3026688 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLASSER, MARC H
Address: 3291 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32065 US

Title: TD () Delete
Name: VASHI, APOORVA
Address: 13834 FIDDLERS POINT DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SD () Delete
Name: MONA, MOHAMMED
Address: 3599 S UNIVERSITY STE 405
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: PD () Delete
Name: WHITTAKER, JOHN R
Address: 4222 POINT LAVISTA ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: MIGUEL, GEORGE I. JR.
Address: 3627 UNIVERSITY BLVD. S. #505
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R WHITTAKER

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date