

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86025

FILED
Mar 20, 2012
Secretary of State

Entity Name: GREATER JACKSONVILLE LITHOTRIPTY 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

OFFICERS AND DIRECTORS:

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

Title: TD
Name: HOMRA, MARK
Address: 8148 BLUE JAY LN
City-St-Zip: JACKSONVILLE, FL 32256 US

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

Title: PD
Name: WEST, CHRISTOPHER S
Address: 7937 MONTEREY BAY DR
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby 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 all other like empowered.

SIGNATURE: C SHAWN WEST

_____ Electronic Signature of Signing Officer or Director

PRES

03/20/2012

_____ Date