
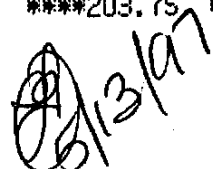



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000658 KIDNEY STONE CENTER OF SOUTH FLORIDA, L.C. 1301 CAP OF TX HWY SUITE 300 AUSTIN TX 78746		1a. Principal Place of Business Address 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite C-300	
City & State		City & State	
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent MADORSKY, MARSEA G 2665 S. BAYSHORE DR. SUITE 603 MIAMI FL 33133		3. Date Organized or Qualified 08/24/1995 3a. State of Formation FL 4. FEI Number 74-2758550 5. Date of Last Report 05/13/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> So As Additional Fee Required	
8. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PRIME LITHOTRIPSY SERV	1301 CAPITAL OF TEXAS HIGH	AUSTIN TX
MGRM	KIDNEY STONE CENTER OF	2665 SOUTH BAYSHORE DRIVE	MIAMI FL
500002178485--0 -05/14/97--01090--019 ****203.75 ****203.75 			
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Louis Mestier, Sec. for P.L.S.I. 4-26-97 512-328-2892	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	