


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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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 C-300 AUSTIN TX 78746	

1a. Principal Place of Business Address
2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/24/1995	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	74-2758550	
		5. Date of Last Report	6. Certificate of Status Desired
		05/06/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
MADORSKY, MARSHA G 2665 S. BAYSHORE DR. SUITE 603 MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

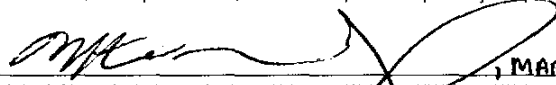
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of 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 is required when not notarized)

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

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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:  MARTIN L. MADORSKY 3/4/99 (305) 856-0979
SIGNATURE AND TITLE OF REGISTERED AGENT OR SECRETARY OF LIMITED LIABILITY COMPANY