

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000658

1. Entity Name

KIDNEY STONE CENTER OF SOUTH FLORIDA, L.C.

Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

1301 CAP OF TX HWY
SUITE C-300
AUSTIN TX 78746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 74-2758550

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADORSKY, MARSHA G
2665 S. BAYSHORE DR.
SUITE 603
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

100004474671--6
-07/13/01--01072--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRIME LITHOTRIPTY SERVICES, INC.
1301 CAPITAL OF TEXAS HIGHWAY
AUSTIN TX 78746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KIDNEY STONE CENTER OF SOUTH FLORIDA, LTD.
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John O'Gorman

7/3/01

512-314-4546

Daytime Phone #

Date

FILED

01 JUL -9 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

CR2E083 (5/01)

STAPLE CHECK HERE