

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001404

FILED
Mar 21, 2007
Secretary of State

Entity Name: FMD LITHOTRIPSY SERVICES, LLC

Current Principal Place of Business:

670 N ORLANDO AVE, STE 103
MAITLAND, FL 32751

New Principal Place of Business:

549 N. WYMORE RD.
209
MAITLAND, FL 32751

Current Mailing Address:

670 N ORLANDO AVE, STE 103
MAITLAND, FL 32751

New Mailing Address:

549 N. WYMORE RD.
209
MAITLAND, FL 32751

FEI Number: 20-0665637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRESGE, CARY JR
Address: 670 N ORLANDO AVE, STE 103
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: GREEN, SCOTT
Address: 670 N ORLANDO AVE, STE 103
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KRESGE, CARY JR
Address: 549 N. WYMORE RD. #209
City-St-Zip: MAITLAND, FL 32751

Title: MGR (X) Change () Addition
Name: GREEN, SCOTT
Address: 549 N. WYMORE RD. #209
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H.C. KRESGE

PRES

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date