2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90016 040 ****50.00

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1. Entity Name
AMERICAN KIDNEY STONE MANAGEMENT, LTD.,
LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
797 THOMAS LANE COLUMBUS, OH 43214	797 THOMAS LANE COLUMBUS, OH 43214

DO NOT WRITE IN THIS SPACE

02242005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
31-1460603
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KOFF, STEPHEN A MD
STREET ADDRESS	797 THOMAS LANE
CITY-ST-ZIP	COLUMBUS, OH 43214
TITLE	MGR
NAME	PENNINGTON, DAVID W
STREET ADDRESS	797 THOMAS LANE
CITY-ST-ZIP	COLUMBUS, OH 43214
TITLE	MGR
NAME	WISE, HENRY A II, MD
STREET ADDRESS	797 THOMAS LANE
CITY-ST-ZIP	COLUMBUS, OH 43214
TITLE	MGR
NAME	MORABILO, ROCCO A MD Correction morabito
STREET ADDRESS	797 THOMAS LANE
CITY-ST-ZIP	COLUMBUS, OH 43214
TITLE	MGR
NAME	NELSON, JAMES H III, MD
STREET ADDRESS	797 THOMAS LANE
CITY-ST-ZIP	COLUMBUS, OH 43214
TITLE	MGR
NAME	HAMWAY, SAMMY M MD
STREET ADDRESS	797 THOMAS LANE
CITY-ST-ZIP	COLUMBUS, OH 43214

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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: _____ 2/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #