


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005451 1. Entity Name AMERICAN KIDNEY STONE MANAGEMENT, LTD., LIMITED LIABILITY COMPANY	
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Principal Place of Business 797 THOMAS LANE COLUMBUS, OH 43214	Mailing Address 797 THOMAS LANE COLUMBUS, OH 43214
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04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1460603	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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

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05/09/06-80092-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/24/06 614-298-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #