

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000005451

1. Entity Name

AMERICAN KIDNEY STONE MANAGEMENT, LTD.,
LIMITED LIABILITY COMPANY



Principal Place of Business

100 W THIRD AVENUE
SUITE 350
COLUMBUS OH 43201

Mailing Address

100 W THIRD AVENUE
SUITE 350
COLUMBUS OH 43201



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

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

7. Name and Address of New Registered Agent

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

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. 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's signature required when renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KOFF, STEPHEN A MD
STREET ADDRESS 797 THOMAS LANE
CITY-ST-ZIP COLUMBUS OH 43214

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000929653
CITY-ST-ZIP 05/21/08-80078-001 138.75

TITLE MGR ☐ Delete
NAME PENNINGTON, DAVID W
STREET ADDRESS 797 THOMAS LANE
CITY-ST-ZIP COLUMBUS OH 43214

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

TITLE MGR ☐ Delete
NAME WISE, HENRY A II, MD
STREET ADDRESS 797 THOMAS LANE
CITY-ST-ZIP COLUMBUS OH 43214

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

TITLE MGR ☐ Delete
NAME MORABITO, ROCCO A MD
STREET ADDRESS 797 THOMAS LANE
CITY-ST-ZIP COLUMBUS OH 43214

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

TITLE MGR ☐ Delete
NAME RIC, HUGHES
STREET ADDRESS 100 W THIRD AVE SUITE 350
CITY-ST-ZIP COLUMBUS OH 43201

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

TITLE MGR ☐ Delete
NAME HAMWAY, SAMMY M MD
STREET ADDRESS 797 THOMAS LANE
CITY-ST-ZIP COLUMBUS OH 43214

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Copy to Phone #

614-298-8150