


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-10-2008 90340 031 \*\*\*138.75  
M07000005901

<b>DOCUMENT # M07000005901</b>					
<b>1. Entity Name</b> EASTERN KENTUCKY LIPOTRIPSY, LLC <i>EASTERN Kentucky LITHOTRIPSY</i>					
<b>Principal Place of Business</b> 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>Mailing Address</b> 1201 HAYS STREET TALLAHASSEE, FL 32301		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <i>20410 Observation Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>102</i>			
<b>City &amp; State</b>		<b>City &amp; State</b> <i>GERMANTOWN MD</i>		<b>4. FEI Number</b> 76-0723103	
<b>Zip</b>		<b>Country</b> <i>USA</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DHINGRA, ANIL 20410 OBSERVATION DR GERMANTOWN, MD 20876		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDONALD, MICHAEL 20410 OBSERVATION DR GERMANTOWN, MD 20876		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Thomas A. Louie</i>			<i>2/6/08 2019441575</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

**FILED**  
**08 APR -2 AM 10: 22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**