

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28775** (7)
1. Corporation Name
SOUTH FLORIDA BILIARY LITHOTRIPTERS, INC.

Principal Place of Business Mailing Address
315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0102711** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**JOHNSON, GARRY
TRIPP, SCOTT CONKLIN & SMITH
110 SE 6TH STREET 28TH FLOOR
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------------|
| TITLE | CP |
| NAME | MORGAN, WALTER L. |
| STREET ADDRESS | 315 NE 3RD AVE., SUITE 200 |
| CITY - ST - ZIP | FT. LAUDERDALE FL |
| TITLE | VC |
| NAME | NAVARRO, SHARRON W. |
| STREET ADDRESS | 2225 NE 16TH STREET |
| CITY - ST - ZIP | FT. LAUDERDALE FL |
| TITLE | TD |
| NAME | SHEA, THOMAS H. |
| STREET ADDRESS | 2101 W. COMMERCIAL BLVD., SUITE 2000 |
| CITY - ST - ZIP | FT. LAUDERDALE FL |
| TITLE | SD |
| NAME | GREENE, ANDREA |
| STREET ADDRESS | 315 S.E. 7TH ST., #301 |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33301 |
| TITLE | D |
| NAME | STULL, RICHARD J.II |
| STREET ADDRESS | 303 SE 17TH ST |
| CITY - ST - ZIP | FT. LAUDERDALE FL |
| TITLE | D |
| NAME | LWIN, SEIN M |
| STREET ADDRESS | 300 SE 17TH STREET |
| CITY - ST - ZIP | FT. LAUDERDALE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|----------------------------------|---|
| 1.1 TITLE | CPD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Thomas Shea | |
| 1.3 STREET ADDRESS | 2101 W. Commercial Blvd Ste 2000 | |
| 1.4 CITY - ST - ZIP | FT LAUD FL | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Andrea dib Greene | |
| 2.3 STREET ADDRESS | 315 SE 7th Street | |
| 2.4 CITY - ST - ZIP | FT. LAUD. FL 33301 | |
| 3.1 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Ramon Rodriguez | |
| 3.3 STREET ADDRESS | 7090 NW 4th Street | |
| 3.4 CITY - ST - ZIP | PLANTATION, FL 33317 | |
| 4.1 TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Sein Lwin Mo | |
| 4.3 STREET ADDRESS | 330 SW 17th Street | |
| 4.4 CITY - ST - ZIP | FT LAUD. FL | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MARLYN DICKINSON | |
| 5.3 STREET ADDRESS | 1016 SE 6th Street | |
| 5.4 CITY - ST - ZIP | FT LAUD. FL | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **5/1/95 900 523 6895**