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FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000067165 (8)

1. Corporation Name

CCC - LITHOTRIPSY, INC.

Principal Place of Business

777 SO. FLAGLER STREET STE. 1000 EAST
WEST PALM BEACH FL 33401

Mailing Address

777 SO. FLAGLER STREET STE. 1000 EAST
WEST PALM BEACH FL 33401-6161



2. Principal Place of Business

21 777 South Flagler Dr.

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 777 South Flagler Dr.

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0523326

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ABRAHAM D. GOSMAN	
STREET ADDRESS	777 SO. FLAGLER STREET STE. 1000 EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SANGER, WILLIAM A	
STREET ADDRESS	777 S FLAGLER ST STE 1000	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MC GILL, JEANNETTE M	
STREET ADDRESS	777 SO. FLAGLER STREET STE. 1000 EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLDMAN, EDWARD	
STREET ADDRESS	777 SO. FLAGLER STREET STE. 1000 EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARVEY, DON S	
STREET ADDRESS	777 SO. FLAGLER STREET STE. 1000 EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHUMANN, DENISE L	
STREET ADDRESS	777 SO. FLAGLER STREET STE. 1000 EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	Gardner, Gregory
3.4 CITY-ST-ZIP	777 South Flagler Dr. Ste 1000 East West Palm Beach, FL 33401
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East
6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Denise Schumann Secy 4/20/97 561-655-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0290221

CR2E034 (9/96)