

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90049 029 ***150.00

DOCUMENT # P94000084980 (9)

1. Entity Name

CCC NATIONAL LITHOTRIPSY, INC.

Principal Place of Business

10 DORRANCE STREET, STE 400
Providence, RI 02903

Mailing Address

10 DORRANCE STREET, STE 400
PROVIDENCE, RI 02903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0538222

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A3057501

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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.

LAUREN H. KREATZ
SPECIAL ASSISTANT SECRETARY

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D/CEO	Heffeman, Michael T.	10 Dorrance Street, Ste 400	Providence, RI 02903				
T/CFO	Gillheeny, GARY S.	10 Dorrance Street, STE 400	Providence, RI 02903				
S/VP	Barrett, Veronica A.	10 Dorrance Street, Ste 400	Providence, RI 02903				

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: +

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Veronica A. Barrett

4/10/00

401-868-6672

Date

Daytime Phone #