

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019779 (4)

1. Corporation Name

LITHOTRIPSY AMERICA, INC.



Principal Place of Business

777 SOUTH FLAGLER DRIVE
SUITE 1000
W PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE
SUITE 1000
W PALM BEACH FL 33401

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0579755

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
W PALM BEACH FL 33401

81 Name

CT Corporation System

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

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then applicable

Signature typed or printed name of registered agent and then applicable

EDWARD GWISDALLA
Assistant Vice President

4/29/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

D/CEO

1.3 STREET ADDRESS

Abraham D. Gosman

1.4 CITY-ST-ZIP

777 S. Flagler Drive, STE 1000

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

P

2.3 STREET ADDRESS

Robert A. Miller

2.4 CITY-ST-ZIP

777 S. Flagler Drive, STE 1000

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

T

3.3 STREET ADDRESS

Frederick R. Leathers

3.4 CITY-ST-ZIP

777 S. Flagler Drive, STE 1000

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

S

4.3 STREET ADDRESS

Denise Schumann

4.4 CITY-ST-ZIP

777 S. Flagler Drive, STE 1000

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001848811

-06/03/96--01074--044

***200.00

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 119.07(3)(k), 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 L. Schumann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise L. Schumann, Secretary

4/29/96

407-655-3500

CS 5/1/96

CR2E034 (12/95)