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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 # 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 33401-6161

3. Date Incorporated or Qualified 03/10/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0579755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSMAN, ABRAHAM D	1.2 NAME	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE STE 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT A	2.2 NAME	Kraus, Theresa
STREET ADDRESS	777 SOUTH FLAGLER DRIVE	2.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East
CITY-ST-ZIP	W PALM BEACH FL 33401	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERS, FREDERICK R	3.2 NAME	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMANN, DENISE	4.2 NAME	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Date: 4/26/97 Daytime Phone: 561-655-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR