

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90049 026 \*\*\*150.00

**A0057504**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P95000019779 (4)

**1. Entity Name**  
 LITHOTRIPSY AMERICA, INC.

**Principal Place of Business**      **Mailing Address**  
 10 Dorrance Street, Ste 400      10 Dorrance Street, Ste 400  
 Providence, RI 02903      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

**6. Name and Address of Current Registered Agent**

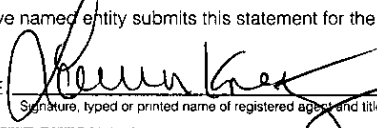
**7. Name and Address of New Registered Agent**

Name  
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
 1200 S. Pine Island Rd

City      State      Zip Code  
 Plantation      FL      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.**

SIGNATURE  **LAUREN H. KREATZ,**  
 SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE 4/11/00

**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 State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D/CEO	Heffernan, Michael T.	10 Dorrance Street, Ste 400	Providence, RI 02903	<input type="checkbox"/>
Treas/CFO	Gillheeny, Gary S.	10 Dorrance Street, Ste 400	Providence, RI 02903	<input type="checkbox"/>
Secy/VP	Barrett, Veronica, A.	10 Dorrance Street, Ste 400	Providence, RI 02903	<input type="checkbox"/>
VP/COO	John Wardle	10 Dorrance St, Ste 400	Providence RI 02903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:  **Veronica A. Barrett**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/10/00      401-868-6672  
 Daytime Phone #

CR2E034 (9/99)