

INSTRUCTIONS ON REVERSE SIDE

No. 86959	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To	Due No Later Than November 1, 1991		CT CORPORATION																									
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct If Not Correct		300 NORTH 6TH STREET																									
	LITHOTRIPTERS, INC. PHILIP GALLINA 2008 LITHO PLACE STE. 201 FAYETTEVILLE NC 28304		BOISE ID 83701 3. Incorporated Under The Laws of NC NO: 086959																									
4. Names and Addresses of Officers and Directors																												
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Dr. William Jordan</td> <td>2008 Litho Place</td> <td>Fayetteville,</td> <td>N.C.</td> <td>28305</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Dr. William Jordan	2008 Litho Place	Fayetteville,	N.C.	28305	Secretary:						Directors:					
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President:	Dr. William Jordan	2008 Litho Place	Fayetteville,	N.C.	28305																							
Secretary:																												
Directors:																												
5. Nature of Business Medical Services		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>Philip J. Gallina</i></td> <td>Date</td> <td>7/11/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Vice President & Treasurer</td> <td>Title</td> <td></td> </tr> </table>			Signature	<i>Philip J. Gallina</i>	Date	7/11/91	Name (Typed or Printed)	Vice President & Treasurer	Title																	
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