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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
1498973	Healthtronics Service Center, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1301 Capital of TX Hwy Ste 200B		Austin	TX	78746
4. Business Phone No.	5. State of Incorporation			
512.314.4371	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Repair & maintenance of tangible personal property

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
James Whittenburg	1301 Capital of TX Hwy Ste200B	Austin	TX	78746

Vice President Name	Street Address	City	State	Zip
Ross Godsby	1301 Capital of TX Hwy Ste200B	Austin	TX	78746

Secretary Name	Street Address	City	State	Zip
Richard Rusk	1301 Capital of TX Hwy Ste200B	Austin	TX	78746

Treasurer Name	Street Address	City	State	Zip
James O Clark	1301 Capital of TX Hwy Ste 200B	Austin	TX	78746

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
James Whittenburg	1301 Capital of TX Hwy Ste 200B	Austin	TX	78746

Director Name	Street Address	City	State	Zip
Ross Godsby	1301 Capital of TX Hwy Ste200B	Austin	TX	78746

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	Common	no par value
0		

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0	0	0
0	0	0

THIS SECTION MUST BE COMPLETED

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Rich Skeen — 2-4-08
Signature *Date*

Richard Skeen
Print or Type Name

[redacted] Tax Director
Title

File Date FH
Check No.
By: FEB 19 2008
By DS-150EM
FOR SECRETARY OF STATE USE ONLY

20803-1-232119

Form 630 Rev. 12/06