2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 FILED Mar 21, 2008 08:00 All Secretary of State DOCUMENT #704000001364 FLORIDA CRYOTHERAPY PARTNERS I, LTD. Principal Place of Business Mailing Address 1986 35TH AVENUE 1986 35TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 01082008 No Cho-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0879098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEC CONSULTANTS, INC. DO NOT WRITE 1515 INDIAN RIVER BLVD., SUITE A210 VERO BEACH, FL 32960-7103 IN THIS SPACE 8. The above named entity submits thus statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION L04000000540 DOCUMENT # AMERICAN UROLOGICAL ENTERPRISES, LLC NAME STREET ADDRESS 1986 35TH AVENUE CITY-ST-ZIP VERO BEACH, FL 32960 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS City-St-219 DOCUMENT # STREET ADDRESS CITY-ST-7IP DOCUMENT

14. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that per signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZiP

> SIGNATURE AND TYPED OR NAME OF SIGHING GENERAL PARTNER