

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001364

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CRYOTHERAPY PARTNERS I, LTD.

**Current Principal Place of Business:**

1986 35TH AVENUE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1986 35TH AVENUE  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 55-0879098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD., SUITE A210  
VERO BEACH, FL 329607103 US

**Name and Address of New Registered Agent:**

SHEA, MIKE  
1986 35TH AVENUE  
VERO BEACH, FL 32960 US

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: T. MICHAEL SHEA, M.B.A.

04/09/2012

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L04000000540  
Name: AMERICAN UROLOGICAL ENTERPRISES, LLC  
Address: 1986 35TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH P. CRAWFORD, M.D.

MGR

04/09/2012

Electronic Signature of Signing General Partner

Date