

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000001264

FILED
Apr 20, 2007
Secretary of State

Entity Name: INNMED FRONT RANGE CRYOTHERAPY, LP

Current Principal Place of Business:

1890 STATE ROAD 436
SUITE 273
WINTER PARK, FL 32792 US

Current Mailing Address:

1890 STATE ROAD 436
SUITE 273
WINTER PARK, FL 32792 US

New Principal Place of Business:

1890 STATE ROAD 436
SUITE 295
WINTER PARK, FL 32792 US

New Mailing Address:

1890 STATE ROAD 436
SUITE 295
WINTER PARK, FL 32792 US

FEI Number: 20-5811133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BAILEY, DAWN
1890 SR 436
SUITE 295
WINTER PARK, FL 32792 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: DAWN BAILEY

04/20/2007

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: P06000012086
Name: INNMED, INC.
Address: 1890 STATE ROAD 436, SUITE 273
City-St-Zip: WINTER PARK, FL 32792 US

ADDRESS CHANGES ONLY:

Address: 1890 STATE ROAD 436, SUITE 295
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAWN BAILEY

VP

04/20/2007

Electronic Signature of Signing General Partner

Date