

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B08000000151

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA LASER PARTNERS, L.P.

**Current Principal Place of Business:**

1301 CAPITAL OF TEXAS HIGHWAY, STE. 200B  
AUSTIN, TX 78746

**New Principal Place of Business:**

9825 SPECTRUM DR BLDG 3  
AUSTIN, TX 78717

**Current Mailing Address:**

1301 CAPITAL OF TEXAS HIGHWAY, STE. 200B  
AUSTIN, TX 78746

**New Mailing Address:**

9825 SPECTRUM DR BLDG 3  
AUSTIN, TX 78717

**FEI Number:** 26-2807157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M08000003090  
Name: HT PROSTATE THERAPY MANAGEMENT COMPANY LLC  
Address: 1301 CAPITAL OF TEXAS HIGHWAY, STE. 200B  
City-St-Zip: AUSTIN, TX 78746

**ADDRESS CHANGES ONLY:**

Address: 9825 SPECTRUM DR BLDG 3  
City-St-Zip: AUSTIN, TX 78717

I hereby certify that the information supplied with this filing does not qualify 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: JAMES CLARK

GP

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date