

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004596

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** CRYO SERVICES PLUS, INC.

**Current Principal Place of Business:**

320 W FRANCIS AVE  
PAMPA, TX 79065

**New Principal Place of Business:**

9825 SPECTRUM DR BLDG 3  
AUSTIN, TX 78717

**Current Mailing Address:**

320 W FRANCIS AVE  
PAMPA, TX 79065

**New Mailing Address:**

9825 SPECTRUM DR BLDG 3  
AUSTIN, TX 78717

**FEI Number:** 26-1236320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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

**OFFICERS AND DIRECTORS:**

Title: MG  
Name: HT CRYOSURGERY MANAGEMENT COMPANY, LLC  
Address: 9825 SPECTRUM DR BLDG 3  
City-St-Zip: AUSTIN, TX 78717

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES D CLARK

TREA

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date