

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000367

FILED
Jan 13, 2004
Secretary of State

Entity Name: TAMPA BAY CRYOSURGERY ASSOCIATES, LLC

Current Principal Place of Business:

40 BURTON HILLS BLVD.
STE. 320
NASHVILLE, TN 37215

New Principal Place of Business:

1841 WEST OAK PARKWAY
SUITE A
MARIETTA, GA 30062

Current Mailing Address:

1841 W OAK PARKWAY, STE A
MARIETTA, GA 30062

New Mailing Address:

FEI Number: 33-1005317

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: THERATECH VENTURES L, LC
Address: 40 BURTON HILLS BLVD., SUITE 320
City-St-Zip: NASHVILLE, TN 37215

Title: MGR (X) Delete
Name: HERITAGE GROUP MANAG, EMENT, LLC
Address: 40 BURTON HILLS BLVD., SUITE 320
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HT CRYOSURGERY MANAG, EMENT COMPANY, LLC
Address: 1841 WEST OAK PARKWAY, SUITE A
City-St-Zip: MARIETTA, GA 30062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TED S. BIDERMAN

SEC

01/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date