

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90252 002 ****50.00

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02122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000000367 1. Entity Name TAMPA BAY CRYOSURGERY ASSOCIATES, LLC					
Principal Place of Business 1301 CAPITAL OF TEXAS HWY STE 200B AUSTIN, TX 78746			Mailing Address 1301 CAPITAL OF TEXAS HWY STE 200B AUSTIN, TX 78746		
2. Principal Place of Business - No P.O. Box # 320 WESTWAY PLACE Suite, Apt. #, etc. SUITE 546		3. Mailing Address 320 WESTWAY PLACE Suite, Apt. #, etc. SUITE 546		4. FEI Number 33-1005317 Applied For <input type="checkbox"/> Not Applicable	
City & State ARLINGTON TX		City & State ARLINGTON TX			
Zip 76018		Zip 76018			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HT CRYOSURGERY MANAGEMENT COMPANY, LLC 1301 CAPITAL OF TEXAS HWY STE 200B AUSTIN, TX 78746 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADVANCED MEDICAL PARTNERS, INC. 320 WESTWAY PLACE SUITE 546 ARLINGTON TX 76018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:			Chris Ringer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-30-07 Daytime Phone # 817-465-3900		