
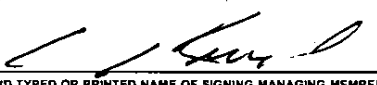


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90035 016 ***138.75

DOCUMENT # L02000000367					
1. Entity Name TAMPA BAY CRYOSURGERY ASSOCIATES, LLC					
Principal Place of Business 320 WESTWAY PL STE 546 ARLINGTON, TX 76018			Mailing Address 320 WESTWAY PL STE 546 ARLINGTON, TX 76018		
2. Principal Place of Business - No P.O. Box # 4360 BELTWAY PLACE Suite, Apt. #, etc. SUITE 230		3. Mailing Address 4360 BELTWAY PLACE Suite, Apt. #, etc. SUITE 230			
City & State ARLINGTON TX		City & State ARLINGTON TX		4. FEI Number 33-1005317	
Zip 76018		Country		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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete HT CRYOSURGERY MANAGEMENT COMPANY, LLC 320 WESTWAY PL STE 546 ARLINGTON, TX 76018			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP	4360 BELTWAY PLACE SUITE 230			NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP
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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:  CHRISTOPHER RINGER 4/29/08 817-465-3900					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					