2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L02000000367

Entity Name: TAMPA BAY CRYOSURGERY ASSOCIATES, LLC

Current Principal Place of Business:

4360 BELTWAY PLACE STE 230
ARLINGTON, TX 76018

New Principal Place of Business:

9825 SPECTRUM DR BLDG 3
AUSTIN, TX 78717

Current Mailing Address:

4360 BELTWAY PLACE STE 230
ARLINGTON, TX 76018

New Mailing Address:

9825 SPECTRUM DR BLDG 3
AUSTIN, TX 78717

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/MANAGERS:

Title: MGRM ( ) Delete
Name: HT CRYOSURGERY MANAG, EMENT COMPANY, LLC
Address: 4360 BELTWAY PLACE STE 230
City-St-Zip: ARLINGTON, TX 76018

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HT CRYOSURGERY MANAG, EMENT COMPANY, LLC
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 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: JAMES CLARK MGRM 01/08/2009

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