2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007046

City-St-Zip:

KENNESAW, GA 30144

Entity Name: PRECISION THERAPY, LLC

FILED Mar 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 560059 1290 FEDERAL HIGHWAY ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32956 FEI Number: 27-0007329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAUGHAN, SCOTT M ESQUIRE 1290 FEDÉRAL HIGHWAY ROCKLEDGE, FL 32955 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BAUGHAN, SCOTT MASON Name: Name: Address: 409 ROCKLEDGE DR. Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BAUGHAN, HERBERT A Name: Address: 44 SUMMER WAY Address: City-St-Zip: WAYNESVILLE, NC 28786 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DORNIER MEDTECH OF A, MERICA Name: Name: Address: 1155 ROBERTS BOULEVARD Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: SCOTT M. BAUGHAN MGR 03/15/2006