

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90212 003 \*\*\*\*50.00

DOCUMENT # M00000002456

1. Entity Name

HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC



Principal Place of Business

1841 WEST OAK PKWY., STE. A  
MARIETTA, GA 30062

Mailing Address

1841 WEST OAK PKWY., STE. A  
MARIETTA, GA 30062



01152004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2577863

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WHELOCK, ARJIL J
STREET ADDRESS	1841 WEST OAK PKWY., STE. A
CITY- ST- ZIP	MARIETTA, GA 30062
TITLE	S
NAME	BIDERMAN, TED S
STREET ADDRESS	1841 WEST OAK PKWY STE A
CITY- ST- ZIP	MARIETTA, GA 30062
TITLE	PRESIDENT + COO
NAME	MCGAHAN, MARTIN J
STREET ADDRESS	1841 WEST OAK PARKWAY, SUITE A
CITY- ST- ZIP	MARIETTA, GA 30062
TITLE	EVP
NAME	BECK, VICTORIA W.
STREET ADDRESS	1841 WEST OAK PARKWAY, SUITE A
CITY- ST- ZIP	MARIETTA, GA 30062
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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. Bideman, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/04  
Date

(770) 419-0691  
Daytime Phone #