

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000372

FILED
Apr 27, 2005
Secretary of State

Entity Name: HT CRYOSURGERY MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

1841 WEST OAK PKWY, STE A
MARIETTA, GA 30062

New Principal Place of Business:

1301 CAPITAL OF TEXAS HWY
STE 200B
AUSTIN, TX 78746

Current Mailing Address:

1841 WEST OAK PKWY, STE A
MARIETTA, GA 30062

New Mailing Address:

1301 CAPITAL OF TEXAS HWY
STE 200B
AUSTIN, TX 78746

FEI Number: 45-0502661

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/MEMBERS:

Title: MGRM () Delete
Name: HEALTHTRONIES SURGIC, AL SERVICES, I N C.
Address: 1841 WEST OAK PKWY, STE A
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEALTHTRONIES SURGIC, AL SERVICES, I N C.
Address: 1301 CAPITAL OF TEXAS HWY STE 200B
City-St-Zip: AUSTIN, TX 78746

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

TREA

04/27/2005

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