2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90252 001 ****50.00

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02122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M04000000372

1. Entity Name
HT CRYOSURGERY MANAGEMENT COMPANY, LLC

Principal Place of Business	Mailing Address
1301 CAPITAL OF TEXAS HWY STE 200B AUSTIN, TX 78746	1301 CAPITAL OF TEXAS HWY STE 200B AUSTIN, TX 78746

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
320 WESTWAY PLACE	320 WESTWAY PLACE
Suite, Apt. #, etc.: SUITE 546	Suite, Apt. #, etc.: SUITE 546
City & State: ARLINGTON TX	City & State: ARLINGTON TX
Zip: 76018 Country: USA	Zip: 76018 Country: USA

4. FEI Number: 45-0502661 ☐ 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE	MGRM	☐ Change ☒ Addition
NAME	HEALTHTRONIES SURGICAL SERVICES, INC.		NAME	ADVANCED MEDICAL PARTNERS, INC	
STREET ADDRESS	1301 CAPITAL OF TEXAS HWY STE 200B		STREET ADDRESS	320 WESTWAY PLACE SUITE 546	
CITY-ST-ZIP	AUSTIN, TX 78746		CITY-ST-ZIP	ARLINGTON TY 76018	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] CHRIS RINGEL 4-30-07 817-465-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #