


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90035 015 ***138.75

DOCUMENT # M04000000372	
1. Entity Name HT CRYOSURGERY MANAGEMENT COMPANY, LLC	

Principal Place of Business 320 WESTWAY PLACE SUITE 546 ARLINGTON, TX 76018	Mailing Address 320 WESTWAY PLACE SUITE 546 ARLINGTON, TX 76018
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2. Principal Place of Business - No P.O. Box # <i>4360 BELTWAY PLACE</i>	3. Mailing Address <i>4360 BELTWAY PLACE</i>
Suite, Apt. #, etc. <i>SUITE 230</i>	Suite, Apt. #, etc. <i>SUITE 230</i>
City & State <i>ARLINGTON TX</i>	City & State <i>ARLINGTON TX</i>
Zip <i>76018</i>	Zip <i>76018</i>
Country	Country

60039014



04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 45-0502661	Applied For: <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADVANCE MEDICAL PARTNERS, INC 320 WESTWAY PLACE SUITE 546 ARLINGTON, TX 76018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4360 BELTWAY PLACE SUITE 230</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Chris Ringo</i>	DATE: <i>4-27-08</i>	DAYTIME PHONE: <i>817-465-3900</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		