

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001158

FILED
Jul 07, 2006
Secretary of State

Entity Name: UNITED SHOCKWAVE THERAPIES, LLC

Current Principal Place of Business:

1111 E. TOUHY AVE., SUITE 240
DES PLAINES, IL 600185830

New Principal Place of Business:

Current Mailing Address:

1111 E. TOUHY AVE., SUITE 240
DES PLAINES, IL 600185830

New Mailing Address:

FEI Number: 36-4498023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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:

Title: MGR () Delete
Name: RUBENSTEIN, MARC DR.
Address: 1111 E. TOUHY AVE., SUITE 240
City-St-Zip: DES PLAINES, IL 600185830

Title: MGR () Delete
Name: NORRIS, DONALD DR.
Address: 1111 E. TOUHY AVE., SUITE 240
City-St-Zip: DES PLAINES, IL 600185830

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARC RUBENSTEIN

MGR

07/07/2006

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