

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001158

FILED  
Apr 20, 2007  
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 ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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/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: DONALD NORRIS, M.D.

MGR

04/20/2007

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