

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003504

FILED
Jan 06, 2006
Secretary of State

Entity Name: HEALTHTRONICS TECHNOLOGY SERVICES & DEVELOPMENT, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1252412

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/MANAGERS:

Title: MGR (X) Delete
Name: HUMMEL, BRAD A
Address: 1301 CAPITAL OF TEXAS HWY STE 200B
City-St-Zip: AUSTIN, TX 78746

Title: MGR () Delete
Name: BARNIDGE, JOHN Q
Address: 1301 CAPITAL OF TEXAS HWY STE 200B
City-St-Zip: AUSTIN, TX 78746

Title: MGR () Delete
Name: WHITTENBURG, JAMES S
Address: 1301 CAPITAL OF TEXAS HWY STE 200B
City-St-Zip: AUSTIN, TX 78746

ADDITIONS/CHANGES:

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

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: JAMES D CLARK

TREA

01/06/2006

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