

M08000003090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

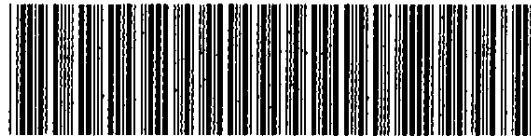
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500131681465

06/27/08--01044--002 **125.00

08 JUN 27 PM 12: 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



June 23, 2008

Via Certified Mail, Return Receipt Requested

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: HT Prostate Therapy Management Company, LLC and Florida Laser Partners, L.P. – Registrations

Dear Sir or Madam:

Enclosed, please find, one (1) original and one (1) copy of the Application by Limited Liability Company for Authorization to Transact Business in Florida for HT Prostate Therapy Management Company, LLC to be filed first. After filing HT Prostate Therapy Management Company, LLC's registration documents, please then file the Application by Foreign Limited Partnerships to Transact Business in Florida for Florida Laser Partners, L.P. Also enclosed, please find two (2) checks in the amounts of \$125.00 (check number 154022) and \$1,000.00 (check number 154023), as required for the filing fees.

Please file the originals and return the file stamped copies in the enclosed addressed pre-paid envelope.

If you have any questions, please do not hesitate to contact me at (512) 721-4721.

Sincerely,

A handwritten signature in black ink, appearing to read "Cynthia Danielson".

Cynthia Danielson
Legal Assistant

Enclosure
: cd

COVER LETTER

ORIGINAL

TO: Registration Section
Division of Corporations

SUBJECT: HT Prostate Therapy Management Company, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Cynthia Danielson
(Name of Person)

HealthTronics, Inc.
(Firm/Company)

1301 Capital of Texas Highway, Suite 102C
(Address)

Austin, Texas 78746
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Danielson at (512) 721-4721
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. HT Prostate Therapy Management Company, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 41-2055763
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/22/2002 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

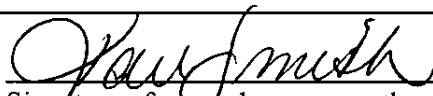
7. 1301 Capital of Texas Highway, Suite 200B, Austin, Texas 78746
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
James S.B. Whittenburg, 1301 Capital of Texas Highway, Suite 200B, Austin, Texas 78746
Richard Rusk, 1301 Capital of Texas Highway, Suite 200B, Austin, Texas 78746
James Clark, 1301 Capital of Texas Highway, Suite 200B, Austin, Texas 78746
Kari Smith, 1301 Capital of Texas Highway, Suite 200B, Austin, Texas 78746

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Medical Urologic Services



 Signature of a member or an authorized representative of a member.
 (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
 Kari Smith, Assistant Secretary

 Typed or printed name of signee

08 JUN 27 PM 12:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HT PROSTATE THERAPY MANAGEMENT COMPANY, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2008.

3561508 8300

080704739



You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6670175

DATE: 06-18-08