

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42055

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: CRYOSURGICAL CONCEPTS, INC.

**Current Principal Place of Business:**

P.O. BOX 6368  
DELRAY BEACH, FL 33482

**New Principal Place of Business:**

6594 BALI HAI DRIVE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

P.O. BOX 6368  
DELRAY BEACH, FL 33482

**New Mailing Address:**

6594 BALI HAI DRIVE  
BOYNTON BEACH, FL 33437

FEI Number: 65-0344204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FREEDMAN, ADINA RAE  
5266 FAIRWAY WOODS DR, #4011  
DELRAY BEACH, FL 33484 US

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

KOTZKER/SHAMY, PL  
2724 WEST ATLANTIC BLVD  
POMPANO BEACH, FL 33069 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: DANIEL J SHAMY

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: ALTMAN, ROBERT B  
Address: 6594 BALI HAI DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: ALTMAN, ROBERT B  
Address: 6594 BALI HAI DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPT ( ) Change (X) Addition  
Name: WILLENS, SHELDON  
Address: 6594 BALI HAI DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ALTMAN

PS

04/24/2006

Electronic Signature of Signing Officer or Director

Date