

SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

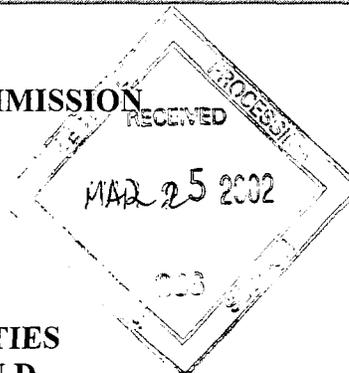


02026647

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION



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|   |        |
|---|--------|
| OMB APPROVAL  |        |
| OMB Number: 3235-0076                               |        |
| Expires: May 31, 2002                               |        |
| Estimated average burden<br>Hours per response... 1 |        |
| SEC USE ONLY  |        |
| Prefix  | Serial |
| DATE RECEIVED                                       |        |

21-4934

Name of Offering (check if this is an amendment and name has changed, and indicate change.)  
"Progressive Thermotheapy of Indiana L.P. - - Private Offering"

Filing Under (Check box(es) that apply):  
 Rule 504     Rule 505     Rule 506     Section 4(6)     ULOE

Type of Filing:  New Filing     Amendment

PROCESSED

APR 12 2002

THOMSON  
FINANCIAL

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)  
"Progressive Thermotheapy of Indiana L.P."

Address of Executive Offices (Including Area Code)    (Number and Street, City, State, Zip Code)    Telephone Number  
1801 North Senate Boulevard, Suite 220, Indianapolis, Indiana 46202    317-251-8151

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number  
(Including Area Code)  
(if different from Executive Offices)  
Same

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**Brief Description of Business**

Ownership and leasing of portable microwave thermotherapy units, with technical personnel, for use in providing transurethral microwave thermotherapy ("TUMT") for the treatment of benign prostatic hyperplasia ("BPH").

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**Type of Business  
Organization**

corporation  limited partnership, already formed  other (please specify):  
 business trust  limited partnership, to be formed

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Actual or Estimated Date of Incorporation or Organization: [ 07 ] [ 2001 ] [X] Actual [ ] Estimated  
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  
CN for Canada; FN for other foreign jurisdiction) [ I ] [ N ]

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**GENERAL INSTRUCTIONS**

**Federal:**

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

*When to File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

*Filing Fee:* There is no federal filing fee.

**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

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### A. BASIC IDENTIFICATION DATA

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

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Check Box(es)  Promoter  Beneficial  Executive  Director  General  
that Apply: Owner Officer and/or  
Managing  
Partner

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Full Name (Last name first, if individual)  
"T.T.C, LLC"

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Business or Residence Address (Number and Street, City, State, Zip Code)  
1801 North Senate Boulevard, Suite 220, Indianapolis, Indiana 46202

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Check Box(es)  Promoter  Beneficial  Executive  Director  General  
that Apply: Owner Officer and/or  
Managing  
Partner

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Full Name (Last name first, if individual)  
"James E. Lingeman, M.D."

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Business or Residence Address (Number and Street, City, State, Zip Code)  
1801 North Senate Boulevard, Suite 220, Indianapolis, Indiana 46202

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Check Box(es)  Promoter  Beneficial  Executive  Director  General  
that Apply: Owner Officer and/or  
Managing  
Partner

---

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

**(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)**

## **B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No  
[X] [ ]

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... [ ] All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security                                  | Aggregate<br>Offering Price | Amount<br>Already<br>Sold |
|---|-----------------------------|---------------------------|
| Debt .....  | \$0                         | \$0                       |
| Equity .....                                      | \$0                         | \$0                       |
| [ ] Common [ ] Preferred                          |                             |                           |
| Convertible Securities (including warrants) ..... | \$0                         | \$0                       |
| Partnership Interests .....                       | \$182,520.00                | \$182,520.00              |
| Other (Specify _____) .....                       | \$0                         | \$0                       |
| Total .....                                       | \$182,520.00                | \$182,520.00              |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

|   | Number<br>Investors | Aggregate<br>Dollar Amount<br>of Purchases |
|---|---------------------|--|
| Accredited Investors .....                    | 26                  | \$ 158,184.00                              |
| Non-accredited Investors .....                | 4                   | \$ 24,336.00                               |
| Total (for filings under Rule 504 only) ..... |                     | \$   |

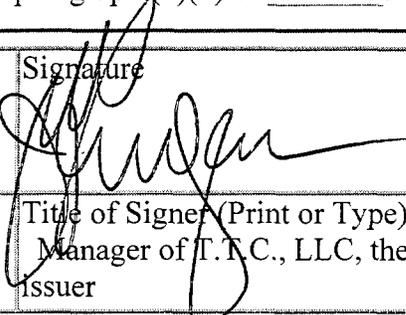
|  | Affiliates                                   |  |
|--|--|--|
| Salaries and fees .....  | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| Purchase of real estate .....  | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| Purchase, rental or leasing and installation of machinery and equipment .....  | <input checked="" type="checkbox"/> \$20,000 | <input checked="" type="checkbox"/> \$19,000 |
| Construction or leasing of plant buildings and facilities.....   | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) ..... | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| Repayment of indebtedness .....  | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| Working capital .....  | <input checked="" type="checkbox"/> \$39,981 | <input checked="" type="checkbox"/> \$39,500 |
| Other (specify): _____   | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| _____  | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| _____  | <input type="checkbox"/> \$0                 | <input type="checkbox"/> \$0                 |
| Column Totals .....  | <input checked="" type="checkbox"/> \$59,981 | <input checked="" type="checkbox"/> \$58,500 |
| Total Payments Listed (column totals added) .....  | <input type="checkbox"/> \$118,481           |  |

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**D. FEDERAL SIGNATURE**

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

|   |   |                 |
|---|---|-----------------|
| Issuer (Print or Type)<br>Progressive Thermotherapy of Indiana L.P. | Signature<br> | Date<br>3/13/02 |
| Name of Signer (Print or Type)<br>James E. Limgeman, M.D.           | Title of Signer (Print or Type)<br>Manager of T.T.C., LLC, the general partner of the issuer      |                 |

|   |
|---|
| <b>ATTENTION</b>  |
| <b>Intentional misstatements or omissions of fact constitute federal criminal violations.</b> |
| <b>(See 18 U.S.C. 1001.)</b>  |

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**E. STATE SIGNATURE**

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|    |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|
| SC |  |  |  |  |  |  |  |  |  |
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| VA |  |  |  |  |  |  |  |  |  |
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| WY |  |  |  |  |  |  |  |  |  |
| PR |  |  |  |  |  |  |  |  |  |

*<http://www.sec.gov/smbus/forms/d.htm>  
Last update: 08/27/1999*

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