

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012477

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: HEARTLAND ONCOLOGY PARTNERS, LLC

**Current Principal Place of Business:**

114 PARK LAKE ST.  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

114 PARK LAKE ST.  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 50-0003120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAUNDERS, ERIC L PRESIDE  
114 PARK LAKE STR  
ORLANDO, FL 32803 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: SAUNDERS, ERIC L  
Address: 114 PARK LAKE ST  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR ( ) Delete  
Name: GRAHAM, GARY R  
Address: 114 PARK LAKE ST  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM ( ) Delete  
Name: DIAMOND, DAVID A  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM ( ) Delete  
Name: KROCHAK, RONALD J  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM ( ) Delete  
Name: PIRKOWSKI, MICHAEL  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM ( ) Delete  
Name: PURDON, ROBERT L  
Address: 114 PARK LAKE STR  
City-St-Zip: ORLANDO, FL 32803

**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:

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: ERIC L. SAUNDERS, MD

P

04/19/2006

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