


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000013305 1. Entity Name NORTH FLORIDA CYCLOTRON CENTER, LLC	
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Principal Place of Business 1895 KINGSLEY AVENUE, SUITE 600 ORANGE PARK, FL 32073	Mailing Address P.O. BOX 19919 JACKSONVILLE, FL 32245
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04162007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0734899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
 ONE INDEPENDENT DRIVE, SUITE 2000
 JACKSONVILLE, FL 32202

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

000000719155
 05/01/07-80051-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARYANI, SHYAM B 3599 UNIVERSITY BLVD S. STE 1000 JACKSONVILLE, FL 32216
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *S. B.* 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #