2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State
05-03-2004 90138 031 ****50.00

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1. Entity Name
MID-FLORIDA ONCOLOGY I, LLC

3400747 1

Principal Place of Business	Mailing Address
1061 MEDICAL CENTER DRIVE STE. 110 ORANGE CITY, FL 32763	1061 MEDICAL CENTER DRIVE STE. 110 ORANGE CITY, FL 32763

04152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2380844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELGEN, VICTOR W. 1061 MEDICAL CENTER DRIVE STE. 110 ORANGE CITY, FL 32763	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Neeraj Sharma 1061 Medical Center Dr., Ste 110 Orange City, FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~managing member~~ President MGRM ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Gregory Ortega 1061 Medical Center Dr., Ste 110 Orange City, FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member, Vice President~~ MGRM ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Victor W Melgen 1061 Medical Center Dr., Ste 110 Orange City, FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member, Treasurer~~ MGRM ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Rene Cabeza 1061 Medical Center Dr., Ste 110 Orange City, FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member, Secretary~~ MGRM ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NS Neeraj Sharma, Managing Member 386-774-1223
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #