

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002894

Entity Name: MID-FLORIDA ONCOLOGY I, LLC

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

1061 MEDICAL CENTER DRIVE STE. 110
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1061 MEDICAL CENTER DRIVE STE. 110
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 56-2380844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELGEN, VICTOR W
1061 MEDICAL CENTER DRIVE STE. 110
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

SHARMA, NEERAJ
1061 MEDICAL CENTER DRIVE
SUITE 110
ORANGE CITY, FL 32763 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: NEERAJ SHARMA, M.D.

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SHARMA, NEERAJ
Address: 1061 MEDICAL CENTER DR., STE 110
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM () Delete
Name: ORTEGA, GREGORY
Address: 1061 MEDICAL CENTER DR., STE 110
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM (X) Delete
Name: MELGEN, VICTOR W
Address: 1061 MEDICAL CENTER DR., STE 110
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM () Delete
Name: CABEZA, RENE
Address: 1061 MEDICAL CENTER DR., STE 110
City-St-Zip: ORANGE CITY, FL 32763

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NEERAJ SHARMA, M.D.

MGR

01/07/2005

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