


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003082
 1. Entity Name
 FROG ONCURE SOUTHSIDE, L.L.C.



Principal Place of Business Mailing Address
 3599 UNIVERSITY BLVD. SOUTH 3599 UNIVERSITY BLVD. SOUTH
 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE



04132005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 13-4235444 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH HULSEY & BUSEY
 225 WATER STREET, STE. 1800
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

1100000342897
 04/29/05-80112-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARYANI, SHYAM B MD 3599 UNIVERSITY BLVD., STE 1000 JACKSONVILLE, FL 322216
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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: S B A Date: 4/22/05 Daytime Phone #: 904-344-3328
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE