

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003082

FILED
Jul 09, 2008
Secretary of State

Entity Name: FROG ONCURE SOUTHSIDE, L.L.C.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

188 INVERNESS DRIVE WEST
SUITE 650
ENGLEWOOD, CO 80112

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 13-4235444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET, STE. 1800
JACKSONVILLE, FL 32202 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: PARYANI, SHYAM B MD
Address: 3599 UNIVERSITY BLVD., STE 1000
City-St-Zip: JACKSONVILLE, FL 322216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CHERNOW, DAVID
Address: 188 INVERNESS DRIVE WEST 650
City-St-Zip: ENGLEWOOD, CO 80112

I hereby certify that the information supplied with this filing does not qualify 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: DAVID CHERNOW

MGR

07/09/2008

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