



**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90058 024 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000054908</b> 1. Entity Name <b>ONCOLOGY MANAGEMENT SOLUTIONS, LLC</b>		
Principal Place of Business <b>15696 SW 17TH STREET          DAVIE, FL 33326</b>		Mailing Address <b>15696 SW 17TH STREET          DAVIE, FL 33326</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	02262005 Chg-LLC CR2E083 (10/03)
City & State Zip Country	City & State Zip Country	4. FEI Number <b>418-74-4104</b> 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 <b>SCOTT, KENNETH L          15696 SW 17TH STREET          DAVIE, FL 33326</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Register of Agents signature required when reappointing)</small>
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE NAME <b>PRESIDENT          KENNETH L. SCOTT</b>	STREET ADDRESS <b>SAME AS ABOVE</b>	TITLE NAME 
CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP
CITY- ST- ZIP		CITY- ST- ZIP
CITY- ST- ZIP		CITY- ST- ZIP
CITY- ST- ZIP		CITY- ST- ZIP
CITY- ST- ZIP		CITY- ST- ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.		
SIGNATURE 		2/28/05 (954) 640-9999

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