

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054908

**FILED**  
**Feb 11, 2006**  
**Secretary of State**

**Entity Name:** ONCOLOGY MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

15696 SW 17TH STREET  
DAVIE, FL 33326

**New Principal Place of Business:**

1048 JULIETTE BLVD  
MOUNT DORA, FL 32757

**Current Mailing Address:**

15696 SW 17TH STREET  
DAVIE, FL 33326

**New Mailing Address:**

1048 JULIETTE BLVD  
MOUNT DORA, FL 32757

FEI Number: 41-8744104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, KENNETH L  
15696 SW 17TH STREET  
DAVIE, FL 33326 US

**Name and Address of New Registered Agent:**

SCOTT, KENNETH L  
1048 JULIETTE BLVD  
MOUNT DORA, FL 32757 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: \_\_\_\_\_

02/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: SCOTT, KENNETH L  
Address: 15695 SW 17TH ST  
City-St-Zip: DAVIE, FL 33326

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: SCOTT, KENNETH L  
Address: 1048 JULIETTE BLVD  
City-St-Zip: DAVIE, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH L. SCOTT

P

02/11/2006

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