2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054908

Entity Name: ONCOLOGY MANAGEMENT SOLUTIONS, LLC

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1048 JULIETTE BLVD 301 SOUTH LAKE STREET MOUNT DORA, FL 32757 LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

1048 JULIETTE BLVD 301 SOUTH LAKE STREET MOUNT DORA, FL 32757 LEESBURG, FL 34748

FEI Number: 06-1793309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCOTT, KENNETH L

1048 JULIETTE BLVD

MOUNT DORA, FL 32757 US

SCOTT, KENNETH L

301 SOUTH LAKE STREET
LEESBURG, FL 34748 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: KENNETH L. SCOTT 01/11/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P,M (X) Change () Addition

 Name:
 SCOTT, KENNETH L
 Name:
 SCOTT, KENNETH L

 Address:
 1048 JULIETTE BLVD
 Address:
 1048 JULIETTE BLVD

 City-St-Zip:
 DAVIE, FL 32757
 City-St-Zip:
 DAVIE, FL 32757

Title: () Delete Title: M () Change (X) Addition Name: JACOBSON, HAL M M.D.

 Name:
 Name:
 JACOBSON, HAL M M.D.

 Address:
 Address:
 301 SOUTH LAKE STREET

 City-St-Zip:
 City-St-Zip:
 LEESBURG, FL 34748

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,M 01/11/2007