


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L04000054908

1. Entity Name
ONCOLOGY MANAGEMENT SOLUTIONS, LLC



Principal Place of Business Mailing Address

**301 SOUTH LAKE STREET
 LEESBURG, FL 34748** **301 SOUTH LAKE STREET
 LEESBURG, FL 34748**



03262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1793309	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

**SCOTT, KENNETH L
 301 SOUTH LAKE STREET
 LEESBURG, FL 34748**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/10/08 00108 015 138.75

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,M SCOTT, KENNETH L 1048 JULIETTE BLVD DAVIE, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JACOBSON, HAL M M.D. 301 SOUTH LAKE STREET LEESBURG, FL 34748
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kenneth L Scott* Date: 3/27/08 Daytime Phone #: (352) 326-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE