

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054908

FILED  
Mar 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

301 SOUTH LAKE STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

301 SOUTH LAKE STREET  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 06-1793309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCOTT, KENNETH L  
301 SOUTH LAKE STREET  
LEESBURG, FL 34748 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: P,M ( ) Delete  
Name: SCOTT, KENNETH L  
Address: 1048 JULIETTE BLVD  
City-St-Zip: DAVIE, FL 32757

Title: M ( ) Delete  
Name: JACOBSON, HAL M M.D.  
Address: 301 SOUTH LAKE STREET  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: JACOBSON, HAL M M.D.  
Address: 301 SOUTH LAKE STREET  
City-St-Zip: LEESBURG, FL 34748

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: KENNETH SCOTT

MP

03/16/2009

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