2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090441

Entity Name: WEST FLORIDA CANCER SERVICES, LLC

FILED Apr 27, 2009 Secretary of State

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

8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

8333 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

8333 N. DAVIS HIGHWAY

Current Mailing Address: New Mailing Address:

8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

8333 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

8333 N. DAVIS HIGHWAY

FEI Number: 54-2160706 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:

HUSTON, GARY W 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WEST FLORIDA MEDICAL CENTER CLINIC, P.A.
 Name:

 Address:
 8333 N. DAVIS HWY.
 Address:

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:

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: ANDY POPPLE MGRM 04/27/2009