

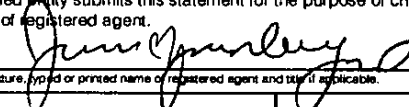
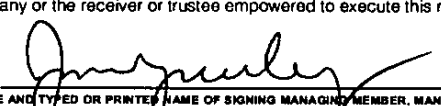


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90040 012 ****50.00

DOCUMENT # L05000036208					
1. Entity Name RADIATION ONCOLOGY INSTITUTE LLC					
Principal Place of Business ATTN: JEROME J. SPUNBERG, M.D. 39 ST. GEORGE PLACE PALM BEACH GARDENS, FL 33418			Mailing Address ATTN: JEROME J. SPUNBERG, M.D. 39 ST. GEORGE PLACE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business RADIATION ONCOLOGY Inst. Suite, Apt. #, etc. 10335 N. Military trail, Suite C City & State Palm Beach Gardens, Florida Zip 33410 Country USA		3. Mailing Address RADIATION ONCOLOGY Institute Suite, Apt. #, etc. 10335 N. Military trail, Suite C City & State Palm Beach Gardens, FL Zip 33410 Country USA		 01052006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2767063				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 CORPORATION COMPANY OF MIAMI 250 AUSTRALIAN AVE. S. SUITE 500 - JAF WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Jerome J. SPUNBERG Street Address (P.O. Box Number is Not Acceptable) 10335 N. Military trail Suite C City Palm Beach Gardens FL Zip Code 33410		
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 				DATE 1/5/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	Jerome J. Spunberg		
STREET ADDRESS		STREET ADDRESS	10335 N. Military trail, Suite C		
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	ANNE LEWIS		
STREET ADDRESS		STREET ADDRESS	10335 N. Military trail, Suite C		
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 				DATE 1/5/06 501-624-1717	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	