


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000000405			
OCALA REGIONAL CANCER CENTER, L.C. 6071 NAKOMA DRIVE BEVERLY HILLS FL 34465 3484 N. GRAY HAWK LOOP LECANTO, 34461 FL		1a. Principal Place of Business Address 6071 NAKOMA DRIVE BEVERLY HILLS FL 34465			
2. Principal Place of Business 3406 N. LECANTO HWY Suite, Apt. #, etc. A City & State Beverly Hills Zip 34465		2a. Mailing Address change Suite, Apt. #, etc. City & State FL Zip 34465		3. Date Organized or Qualified 04/01/1998 3a. State of Formation FL	
County CITRUS		Country USA		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report March 1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent EGAN, THOMAS M 915 SE 17TH STREET OCALA FL 34471		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when formed state)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	COMMUNITY RADIATION ON	2650 ELM AVE., SUITE 205		LONG BEACH CA	
MEM	FLORIDA INSTITUTE OF,	3406 N LECANTO HIGHWAY		BEVERLY HILLS FL	
		3-24-99		200002819262-1 -03/26/99--01010--016 ****188.75 ****188.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		3/14/99 (352)746-1100			
SIGNATURE AND TITLE OF PERSON OR FIRM OR OFFICE EMPLOYED BY THE COMPANY OR OFFICE EMPLOYED BY THE COMPANY OR OFFICE EMPLOYED BY THE COMPANY					