

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000405

FILED
Feb 23, 2004
Secretary of State

Entity Name: OCALA COMMUNITY CANCER CENTER, L.C.

Current Principal Place of Business:

3201 S.W. 33RD ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2650 ELM AVENUE, #205
LONG BEACH, CA 90806

New Mailing Address:

FEI Number: 59-3538907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGAN, THOMAS M
915 SE 17TH STREET
OCALA, FL 34471 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/MEMBERS:

Title: MEM () Delete
Name: COMMUNITY RADIATION, ONCOLOGY CENTE R S, INC
Address: 2650 ELM AVE., SUITE 205
City-St-Zip: LONG BEACH, CA 90806

Title: MEM () Delete
Name: FLORIDA INSTITUTE OF, RADIATION & E N DOCURIE
Address: 3406 N LECANTO HIGHWAY
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COMMUNITY RADIATION, ONCOLOGY CENTE R S, INC
Address: 2650 ELM AVE., SUITE 205
City-St-Zip: LONG BEACH, CA 90806

Title: MGRM (X) Change () Addition
Name: FLORIDA INSTITUTE OF, RADIATION & E N DOCURIE
Address: 3406 N LECANTO HIGHWAY
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: G JAYANTH RAO MD

MGR

02/23/2004

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