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

FILED
99 MAR 22 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # L98000000430

FLORIDA CANCER SPECIALISTS, P.L.
[illegible]

1a. Principal Place of Business Address
[illegible]

2. Principal Place of Business	2a. Mailing Address
12051 World Plaza Lane	12051 World Plaza Lane
Suite, Apt. #, etc.: Suite 51	Suite, Apt. #, etc.: Suite 51
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33907-8108 Country:	Zip: 33907-8108 Country:

3. Date Organized or Qualified: 04/06/1998
3a. State of Formation: FL
4. FEI Number: 65-0825133 ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
HARWIN, WILLIAM N M.D. [illegible]	Name: Street Address (P.O. Box Number is Not Acceptable): 12051 World Plaza Lane Suite, Apt. #, etc.: Suite 51 City: Fort Myers FL 33907-8108

900002823989--8
-03/30/99--01077--019
****88.75 ****188.75

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's signature required)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HARWIN, WILLIAM N M.D.	[illegible] 12051 World Plaza Lane, Suite 51	FORT MYERS FL
MGRM	TEUFEL, THOMAS E M.D.	[illegible] 12051 World Plaza Lane, Suite 51	FORT MYERS FL

LV 3-26-99

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: ✓ 3-18-99 ✓
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER) (Date) (Phone Number)

INHSE10 R (12-98)