2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State DOCUMENT # L98000000430 03-15-2004 90430 029 ****50.00 1. Entity Name FLORIDA CANCER SPECIALISTS, P.L. 24020972 Principal Place of Business Mailing Address 12501 WORLD PLAZA LANE 12501 WORLD PLAZA LANE SUITE 51 SUITE 51 FORT MYERS, FL 33907-8108 FORT MYERS, FL 33907-8108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 65-0825133 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARWIN, WILLIAM N.M.D. Street Address (P.O. Box Number is Not Acceptable) 12501 WORLD PLAZA LANE SUITE 51 FORT MYERS, FL 33907-8108 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to 160 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change Addition Delete: HARWIN, WILLIAM N M.D. NAME NAME (Moss, William MD Fort Myers, F1. 33907 12501 WORLD PLAZA LANE, #51 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 339078108 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition TEUFEL, THOMAS E M.D. NAME NAME STREET ADDRESS 12501 WORLD PLAZA LANE, #51 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 339078108 CITY-ST-ZIP MGRM TITLE ☐ Defete ☐ Change ☐ Addition GONTER: PAUL W MD NAME NAME STREET ADDRESS 12501 WORLD PLAZA LANE, #51 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 339078108 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change TITLE ☐ Addition LOWELL, HART L MD NAME STREET ADDRESS 12501 WORLD PLAZA LANE, #51 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 339078108 CITY-ST-ZIP TITLE TITLE MGRM ☐ Delete ☐ Change ☐ Addition HELORETH, DOUGLAS D MD NAME NAME STREET ADDRESS 12501 WORLD PLAZA LANE, #51 . STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 339078108 CITY-ST-ZIP TITLE MGRM: __ ☐ Delete TITLE ☐ Change ☐ Addition KIM, BRIAN K MD NAME NAME 12501 WORLD PLAZA LANE, #51 STREET ADDRESS STREET ADDRESS FORT MYERS, FL 339078108 CITY-ST-ZIP 11. I 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 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 flability company or the receiver or trustee expounded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 15, 2004 8:00 am

Daytime Phone #

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCIN	/FNT#	L98000000430	



Attachment

Florid	la Cancer Specialists, P.	L. PAGE 2	200	240	909	12		
	DO NOT WRITE	IN THIS SE	ACE					
•	Place of Business Yorld Plaza Lane	Mailing Address 12501 World Plaza	a Lane					
Suite, Apt. #, etc. Ste 51 Suite, Apt. #, etc. Ste 51			DO NOT WR	DO NOT WRITE IN THIS SPACE				
City & State City & State Fort Myers, Florida Fort Myers, Florida		3	4. FEI Number 65-082513	3	Applied For Not Applicable			
Zip 33907-8	Zip 33907-8108 Country 33907-8108		Country	5. Certificate of Status Desired	Certificate of Status Desired Status			
			Name L	7. Name and Address of Curren	t Registered A	Agent		
	DO NOT WE	RITE		arwin, William N. M.D.				
	IN THIS SP	Control of the property of the second of the	Street Ad	dress (P.O. Box Number is Not Acceptab	le) 			
	SECTION OF A	NUE:	12501	World Plaza Lane, Ste 51				
			City For	t Myers	FL	Zip Code 33907-8108		
	named entity submits this statement for tions of registered agent.	he purpose of changing its r	egistered office or i	egistered agent, or both, in the State of F	lorida. I am fan	niliar with, and accept		
0.00.1.71.05	, ,							
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable.	en en en en en en en en	Part About Service Control	DATE			
		Make Check Payabl	EE.IS!S50:00 ₽ ito Florida Dep JE BY MAY 1.	artment of State				
9.	· MANAGING MEMBER	PROPERTY OF THE PERSON OF THE PARTY.	ELECTRICAL TOTAL		.a. #12 15			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wright-Browne, Vance M., N 12501 World Plaza Lane # 5 Fort Myers, Florida 33907-8	51	TITLE NAME STREET ADDRESS CITY ST ZIP			E083B (12/02)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Woytowitz, Donald V., Jr., M 12501 World Plaza Lane # 5 Fort Myers, Florida 33907-8	51	NAME STREET ADDRESS COTY ST - ZIP)			CRZE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moskowitz, Mark J., M.D. 12501 World Plaza Lane # 5 Fort Myers, Florida 33907-8		NAME STATES	DO NOT	WRIT	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raymond, Michael G., M.D. 12501 World Plaza Lane # 51 Fort Myers, Florida 33907-8108		TITLE MAME STREET ADDRESS CITY ST-ZIP	IN THIS	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	McCleod, Michael J., DO 12501 World Plaza Lane # 5 Fort Myers, Florida 33907-8		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. hereby c	Nicolau, Martin 12501 World Plaz Fort Myers, F1.	a Ln #51 33907	NAME STREET ADDRESS CITY-ST-ZIP	d in Section 119 07/31/i) Florida Statutes	l hadaa	that the information		

I 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 informatio 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:							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Prione #					

LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L98000000430

1. Entity Name

Florida Cancer Specialists, P.L.

PAGE 3



Attachment DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12501 World Plaza Lane 12501 World Plaza Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 📝 Ste 51 Ste 51 City & State Fort Myers, Florida City & State Fort Myers, Florida Applied For 4. FEI Number 65-0825133 Not Applicable Zip 33907-8108 Country Zip 33907-8108 \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Harwin, William N. M.D. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 12501 World Plaza Lane, Ste 51 City Fort Myers 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. FEE IS \$50:00.

Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. TITLE Orman, Stephen V., M.D. NAME NAME 2 12501 World Plaza Lane #51 STREET ADDRESS STREET ADDRESS Fort Myers, Florida 33907-8108 CITY-ST-ZIP CITY ST-ZIP TITLE 12501 World Pl ₩ NAME NAME - Fort Myers, Fl. STREET ADDRESS Lubiner, Eric DO CITY - ST-ZIP Rubinsak, James R., M.D. NAME 12501 World Plaza Lane #51 STREET ADDRESS STREET ADDRESS DO NOT WRITE Fort Myers, Florida 33907-8108 CITY - ST-ZIP IN THIS SPACE Lifton, Robin M.D. NAME 12501 World Plaza Lane #51 STREET ADDRESS STREET ADDRESS Fort Myers, Florida 33907-8108 CITY-\$T-ZIP TITLE TITLE NAME TO THE REPORT OF THE PARTY Stephenson, Phyllis A. NAME 12501 World Plaza Lane #51 STREET ADDRESS STREET ADDRESS Fort Myers, Florida 33907-8108 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE. Tetreault, Scott A., M.D. NAME NAME 12501 World Plaza Lane # 51 STREET ADDRESS STREET ADDRESS Fort Myers, Florida 33907-8108 CITY-ST-ZIP CITY-ST-ZIP

11. I 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 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.

Daytime Phone *

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L9800000430 1. Entity Name								
Florida Cancer Specialists, P.L. PAGE 4			1		a Hardly n	121	J	
	DO NOT WRITE	IN THIS S	PAC	É	Attaclin 240	20	972	
	Place of Business Vorld Plaza Lane	3. Mailing Address 12501 World Pla	zalan	P				
Suite, Apt. #, etc. Ste 51 Suite, Apt. #, etc. Ste 51				DO NOT WRITE IN THIS S	SPACE			
City & Stat	_{ite} ers, Florida	City & State Fort Myers, Florid	da		4. FEI Number 65-0825133	Applied For		
Zip 33907-8	Country	^{Zip} 33907-8108	. Coun	itry -	5. Certificate of Status Desired	\$5.00 /		
					7. Name and Address of Current Registered	Fee Requ Agent	ired	
	DO NOT W	DITE		Name Harwir	n, William N. M.D.	··· /-		
10 TO	。 一种种的特殊的一种的一种种。在整体的工程是由地位的	The state of the s		Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SE	ACE		12501 World	d Plaza Lane, Ste 51			
		and the second	Trape		ers FL	Zip C	ode 07-8108	
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	register	<u> </u>	ed agent, or both, in the State of Florida. I am fo	miliar wit	h, and accept	
	world or registered agont.							
SIGNATURE	Signature, typed or printed name of registered agent	The description when the description of the second			DATE			
		Make Check Payab	le to Fl	\$50.00 orida Departme MAY 1	nt of State			
9.		RS/MANAGERS	215	Take Table 1			Programme and the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Landry, Paul R., M.D. 12501 World Plaza Lane # Fort Myers, Florida 33907-		10.0	ET ADDRESS ST ZIP			CRZE0838 (12/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reeves, James 712501 World Pi	Laza LN # 51	7 h 1			-	CR2E0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Berry, Brian T., M.D., Ph.D. 12501 World Plaza Lane # 51 Fort Myers, Florida 33907-8108		NAME	· 国际中国专家国际发展。	DO NOT WRITE			
TITLE NAME Street address City-St-Zip	Rubin, Mark N 12501 World Pi Fort Myers, Fi	laza LN # 51	STREE	ET ADDRESS ST-ZIP	IN THIS SPAC	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1. 1	Carried All Andreas				
TITLE NAME STREET ADDRESS CITY - ST- ZIP			NAME STREE	T ADDRESS ST-ZIP		***		
	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee				ction 119.07(3)(i), Florida Statutes. I further cert ade under oath; that I am a managing membe er 608, Florida Statutes.	fy that the or mana	e information ger of the	

Daytime Phone #