2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90431 041 ****50.00

60030910

DOCUMENT # L98000000430

1. Entity Name
FLORIDA CANCER SPECIALISTS, P.L.

Principal Place of Business	Mailing Address
12501 WORLD PLAZA LANE SUITE 51 FORT MYERS, FL 33907-8108	12501 WORLD PLAZA LANE SUITE 51 FORT MYERS, FL 33907-8108

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4371 VERONICA S SHOEMAKER BLVD.	4371 VERONICA S SHOEMAKER BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL.	City & State: FORT MYERS FL.
Zip: 33916 Country:	Zip: 33916 Country:

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 65-0825133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARWIN, WILLIAM N M.D.
12501 WORLD PLAZA LANE
SUITE 51
FORT MYERS, FL 33907-8108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4371 VERONICA S SHOEMAKER BLVD.

City FORT MYERS FL Zip Code 33916

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) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
See Attached List of MGRM	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: _____ 3-23-07 239-274-8200 Ext 107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

WILLIAM HARWIN, M.D.
MANAGING MEMBER

ATTACHMENT
60030910
L980000000430
Partnership Physicians

Dr. Harwin
Dr. Teufel
Dr. Reeves
Dr. Hart
Dr. Rubin
Dr. Heldreth
Dr. Nicolau
Dr. Woytowitz
Dr. Wright-Browne
Dr. Lunin
Dr. Lubiner
Dr. Raymond
Dr. Kim
Dr. McCleod
Dr. Dunbar
Dr. Morgan
Dr. Maun
Dr. Orman
Dr. Lifton
Dr. Rubinsak
Dr. Gonter
Dr. Berry
Dr. Landry
Dr. Whorf
Dr. Buck
Dr. Eakle
Dr. Tetreault
Dr. Mallarino
Dr. Brown
Dr. Chu
Dr. Audeh
Dr. Silver
Dr. Denstman
Dr. Telekuntla
Dr. Nadiminti
Dr. Moskowitz