

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90431 041 ****50.00

DOCUMENT # L98000000430 1. Entity Name FLORIDA CANCER SPECIALISTS, P.L.	
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Principal Place of Business 12501 WORLD PLAZA LANE SUITE 51 FORT MYERS, FL 33907-8108	Mailing Address 12501 WORLD PLAZA LANE SUITE 51 FORT MYERS, FL 33907-8108
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60030910

2. Principal Place of Business - No P.O. Box # 4371 VERONICA S Shoemaker Blvd.	3. Mailing Address 4371 VERONICA S Shoemaker Blvd.
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City & State FORT MYERS FL.	City & State FORT MYERS FL.
Zip 33916	Zip 33916

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0825133	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HARWIN, WILLIAM N M.D. 12501 WORLD PLAZA LANE SUITE 51 FORT MYERS, FL 33907-8108
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

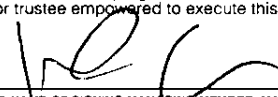
**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List of MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

**WILLIAM HARWIN, M.D.
MANAGING MEMBER**

3-23-07 239-274-8200 Ext 107

ATTACHMENT

60030910

L98000000430

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