# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 04, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L98000000430

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

| Principal Place of Business | Mailing Address |
|---|---|
| 4371 VERONICA S SHOEMAKER BLVD<br>FORT MYERS, FL 33916 | 4371 VERONICA S SHOEMAKER BLVD<br>FORT MYERS, FL 33916 |

03242008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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.
4371 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000881232
04/15/08-80093-008 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | TEUFEL, THOMAS E M.D. |
| STREET ADDRESS | 12501 WORLD PLAZA LANE, #51 |
| CITY-ST-ZIP | FORT MYERS, FL 339078108 |
| TITLE | MGRM |
| NAME | GONTER, PAUL W MD |
| STREET ADDRESS | 12501 WORLD PLAZA LANE, #51 |
| CITY-ST-ZIP | FORT MYERS, FL 339078108 |
| TITLE | MGRM |
| NAME | LOWELL, HART L MD |
| STREET ADDRESS | 12501 WORLD PLAZA LANE, #51 |
| CITY-ST-ZIP | FORT MYERS, FL 339078108 |
| TITLE | MGRM |
| NAME | HELORETH, DOUGLAS D MD |
| STREET ADDRESS | 12501 WORLD PLAZA LANE, #51 |
| CITY-ST-ZIP | FORT MYERS, FL 339078108 |
| TITLE | MGRM |
| NAME | KIM, BRIAN K MD |
| STREET ADDRESS | 12501 WORLD PLAZA LANE, #51 |
| CITY-ST-ZIP | FORT MYERS, FL 339078108 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** WILLIAM HARWIN 3-24-08 239-274-8200 X259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #