

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017647

FILED
Apr 21, 2004
Secretary of State

Entity Name: COMMUNITY CANCER CENTER OF NORTH FLORIDA, LLC

Current Principal Place of Business:

7000 NW 11TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141620
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 03-0452526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCHILLING, PAUL
Address: 2828 NW 142ND AVENUE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL J. SCHILLING, MD

MGRM

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date