

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000042160

Entity Name: CYBERKNIFE CENTER OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

3343 STATE ROAD 7
WELLINGTON, FL 33449

Current Mailing Address:

3343 STATE ROAD 7
WELLINGTON, FL 33449 US

FEI Number: 27-1096088

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, RAVI
3343 STATE RD 7
WELLINGTON, FL 33449 US

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

Authorized Person(s) Detail :

Title MGRM
Name PATEL, RAVI
Address 3343 STATE ROAD 7
City-State-Zip: WELLINGTON FL 33449

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAVI PATEL

MGRM

01/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date