

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 23 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A32595</b>					
1. Entity Name <b>THE CORNERSTONE CANCER CENTER, LIMITED</b>					
Principal Place of Business <b>3850 TAMPA ROAD PALM HARBOR, FL 34684</b>			Mailing Address <b>3850 TAMPA ROAD PALM HARBOR, FL 34684</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3114885</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NORBERGS, D. ANDA M.D. 3850 TAMPA ROAD PALM HARBOR, FL 34684</b>			7. Name and Address of New Registered Agent Name <b>Timothy T. McLaughlin Jr. MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>3850 Tampa Rd</b> City <b>Palm Harbor</b> FL Zip Code <b>34684</b>		
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 <b>4/21/04</b>					
9. Capital Contributions as Shown on record. <b>\$297,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>297,000</b>		<b>\$26,251.10</b>	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000091319		STREET ADDRESS		
NAME	TEAM ONCO, INC.		CITY-ST-ZIP		
STREET ADDRESS	3850 TAMPA ROAD, SUITE 201				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
DOCUMENT #			STREET ADDRESS	<b>500036058835</b>	
NAME			CITY-ST-ZIP	<b>05/11/04--01041--004 **526.25</b>	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			DATE <b>4/21/04</b> DAYTIME PHONE # <b>727 784 6777</b>		

STAPLE CHECK HERE