


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

RECEIVED
APR 22 2004 08:00 AM
Secretary of State

DOCUMENT # A9800002338
1. Entity Name
ONCOLOGY INVESTORS, LTD.



Principal Place of Business Mailing Address
**5306 SIESTA COVE DRIVE
SARASOTA FL 34242** **5306 SIESTA COVE DRIVE
SARASOTA FL 34242**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent
**BROWN, RICHARD
5306 SIESTA COVE DRIVE
SARASOTA FL 34242**

4. FEI Number Applied For
65-0868307 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

9. Capital Contributions as Shown on record \$265,230.75 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 # | L01000006537 | STREET ADDRESS | |
| NAME | OHC, LLC | CITY - ST - ZIP | |
| STREET ADDRESS | 5306 SIESTA COVE DRIVE | | |
| CITY - ST - ZIP | SARASOTA FL 34242 | | |
| DOCUMENT # | | STREET ADDRESS | U00000140199 |
| NAME | | CITY - ST - ZIP | 04/29/04-80149-025 526.25 |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE