

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90003 013 \*\*\*\*50.00

<b>DOCUMENT # L00000007637</b>																													
<b>1. Entity Name</b> ONCOLOGY NETWORK ENTERPRISES, LLC																													
<b>Principal Place of Business</b> 1100 N.W. 95 STREET, CANCER CENTER MIAMI, FL 33150			<b>Mailing Address *</b> 1100 N.W. 95 STREET, CANCER CENTER MIAMI, FL 33150																										
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.																											
City & State		City & State		<b>4. FEI Number</b> 65-1022321																									
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>  LOZANO, JAIME MD 1100 NW 95TH STREET CANCER CENTER MIAMI, FL 33150			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																										
<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.</b>																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>																											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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<b>11. 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 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.</b>																													
<b>SIGNATURE:</b> _____ <span style="float: right;">2/17/04</span>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													