


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90049 018 \*\*\*150.00

<b>DOCUMENT # L00000007637</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  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1022321</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02172005    Chg-LLC    CR2E083 (10/03)	
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 Name <b>GARCIA, SILVIO A, MD</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>GARCIA, SILVIO A MD</b> <b>1100 N.W. 95 STREET, CANCER CENTER MIAMI, FL 33150</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.V.S <b>SILVIO A GARCIA, MD</b> <b>812 Harbour Isles CT</b> <b>N. PALM BEACH, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>LOZANO, JAIME MD</b> <b>1100 N.W. 95 STREET, CANCER CENTER MIAMI, FL 33150</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/21/05</b> Daytime Phone # _____		

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