

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90416 024 ***150.00

DOCUMENT # L00000007637					
1. Entity Name ONCOLOGY NETWORK ENTERPRISES, LLC					
Principal Place of Business 1100 N.W. 95 STREET, CANCER CENTER MIAMI, FL 33150			Mailing Address 1100 N.W. 95 STREET, CANCER CENTER MIAMI, FL 33150		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01302006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1022321				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, SILVIO A M.D. 1100 NW 95TH STREET CANCER CENTER MIAMI, FL 33150			7. Name and Address of New Registered Agent Name: <u>GARCIA Silvio A M. P.</u> Street Address (P.O. Box Number is Not Acceptable): <u>812 Harbour Isles Ct.</u> City: <u>N. Palm Beach</u> FL Zip Code: <u>33410</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		<input type="checkbox"/>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS GARCIA, SILVIO A MD 812 HARBOUR ISLES CT WEST PALM BEACH, FL 33410	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: _____			Date: <u>1-30-06</u> Daytime Phone #: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					