


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90369 004 ****50.00

DOCUMENT # L00000007637

1. Entity Name
ONCOLOGY NETWORK ENTERPRISES, LLC



Principal Place of Business Mailing Address
1100 N.W. 95 STREET, CANCER CENTER **1100 N.W. 95 STREET, CANCER CENTER**
MIAMI, FL 33150 **MIAMI, FL 33150**

40113647



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02092007 Chg-LLC CR2E083 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1022321 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, SILVIO A M.D.
812 HARBOUR ISLES CT
N. PALM BEACH, FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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: _____ **2/9/07** Date
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #