

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000007637

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** ONCOLOGY NETWORK ENTERPRISES, LLC

**Current Principal Place of Business:**

10335 N. MILITARY TRAIL  
SUITE C  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

10335 N. MILITARY TRAIL  
SUITE C  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

812 HARBOUR ISLES CT.  
NORTH PALM BEACH, FL 33410 US

**FEI Number:** 65-1022321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARCIA, SILVIO A M.D.  
812 HARBOUR ISLES CT  
N. PALM BEACH, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PVS  
**Name:** GARCIA, SILVIO A MD  
**Address:** 812 HARBOUR ISLES CT  
**City-St-Zip:** WEST PALM BEACH, FL 33410

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SILVIO A. GARCIA, MD

PVS

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date