

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007885**

1. Entity Name  
**RADIATION ONCOLOGY ASSOCIATES, P.L.**



Principal Place of Business

**815 HERNDON AVENUE  
SUITE 100  
ORLANDO, FL 32803**

Mailing Address

**815 HERNDON AVENUE  
SUITE 100  
ORLANDO, FL 32803**



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3657232**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**B & C CORPORATE SERVICES OF CENTRAL FLORID  
A 390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BHUTIANI, INDER K  
815 HERNDON AVENUE STE 100  
ORLANDO, FL 328035123**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
YOON, HEE J  
815 HERNDON AVENUE STE 100  
ORLANDO, FL 328035123**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000213175  
02/03/05-80059-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/05 800-432-2300