

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 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**



01062006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

**U00000500037
04/25/06-80010-002 50.00**

9. **MANAGING MEMBERS/MANAGERS**

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

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IN THIS SPACE**

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:

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

4/6/06

Date

Daytime Phone #