

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008268

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** WEST PALM RADIATION ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

5292 SUMMERLIN COMMONS WAY SUITE 1103  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5292 SUMMERLIN COMMONS WAY SUITE 1103  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-1026706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWKIRK, CATHY A  
5292 SUMMERLIN COMMONS WAY SUITE 1103  
FORT MYERS, FL 33907 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:** MGRM  
**Name:** DOSORETZ, DANIEL E M.D.  
**Address:** 5292 SUMMERLIN COMMONS WAY 1103  
**City-St-Zip:** FORT MYERS, FL 33907

**Title:** MGRM  
**Name:** WING HOLDINGS, LC  
**Address:** 12993 SOUTHER BLVD.  
**City-St-Zip:** LOXAHATCHEE, FL 33470

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:** DANIEL E DOSORETZ

MGRM

04/14/2011

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