

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008269

FILED
Mar 01, 2007
Secretary of State

Entity Name: PALMS WEST RADIATION THERAPY, L.L.C.

Current Principal Place of Business:

12993 SOUTHERN BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

2234 COLONIAL BLVD.
FT MYERS, FL 33907

New Mailing Address:

2234 COLONIAL BLVD.
ATTN: TAX DEPARTMENT
FORT MYERS, FL 33907

FEI Number: 65-1084934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENINGER, DAVID
2234 COLONIAL BLVD.
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: MGR () Delete
Name: DOSORETZ, DANIEL MD
Address: 2234 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: WING, MICHAEL MD
Address: 14892 PADDOCK DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID KOENINGER

CFO

03/01/2007

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