2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008326

1. Entity Name

ONCOLOGY ASSOCIATES OF SOUTH FLORIDA, L.C.

Principal Place of Business	Mailing Address
3700 WASHINGTON STREET, STE. 100 HOLLYWOOD FL 33021	3700 WASHINGTON STREET, STE. 100 HOLLYWOOD FL 33021

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1024658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KANNER, DANIEL J ESQ.
C/O BAUMAN & KANNER P.A.
7119 WEST BROWARD BLVD.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

U00000200317
01/28/05-80021-014 50.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STEVEN P. KANNER, M.D., P.A 3700 WASHINGTON STREET, STE. 100 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CALVIN S. ROSENFELD, M.D., P.A. 3700 WASHINGTON STREET, STE. 100 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALVES, NEY R 3700 WASHINGTO ST. SUITE 100 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Calvin S. Rosenfeld M.D. 1/28/05 954-983-6305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #