

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008326

FILED
Jan 05, 2009
Secretary of State

Entity Name: ONCOLOGY ASSOCIATES OF SOUTH FLORIDA, L.C.

Current Principal Place of Business:

3700 WASHINGTON STREET, STE. 100
HOLLYWOOD, FL 33021

New Principal Place of Business:

3700 WASHINGTON STREET
SUITE 100
HOLLYWOOD, FL 33021

Current Mailing Address:

3700 WASHINGTON STREET, STE. 100
HOLLYWOOD, FL 33021

New Mailing Address:

3700 WASHINGTON STREET
SUITE 100
HOLLYWOOD, FL 33021

FEI Number: 65-1024658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANNER, DANIEL J ESQ.
C/O BAUMAN & KANNER P.A.
7119 WEST BROWARD BLVD.
PLANTATION, FL 33317 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 () Delete
Name: STEVEN P. KANNER, M., D., P.A.
Address: 3700 WASHINGTON STREET, STE. 100
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: CALVIN S. ROSENFELD,, M.D., P.A.
Address: 3700 WASHINGTON STREET, STE. 100
City-St-Zip: HOLLYWOOD, FL 33021

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 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: CALVIN S. ROSENFELD

MGRM

01/05/2009

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