

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008928

FILED  
Jul 13, 2004  
Secretary of State

**Entity Name:** CANCER TREATMENT ASSESSMENT GROUP, LLC

**Current Principal Place of Business:**

16603 VILLENDA DE AVILA  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

16603 VILLENDA DE AVILA  
TAMPA, FL 33613

**New Mailing Address:**

C/O 1011 N MAYFAIR RD STE 203  
MILWAUKEE, WI 53005

**FEI Number:** 59-3722566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRIS, CHARLES M JR.  
101 EAST KENNEDY BLVD.  
SUITE 2700  
TAMPA, FL 33601 US

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

SIMON, JODY  
16603 VILLENDA DE AVILA  
TAMPA, FL 33613

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: JODY SIMON

07/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KOELLER, WILLIAMS LTD  
Address: 10512 PEMLEAF CT.  
City-St-Zip: SAN ANTONIO, TX 78240

Title: MGRM ( ) Delete  
Name: SIMDAG INVESTMENTS L, LC  
Address: 2840 WEST BAY DR., #135  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

**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 Section 119.07(3)(i), 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: JODY SIMON

MGRM

07/13/2004

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