

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000020748**  
 1. Entity Name  
**PALMETTO RADIATION ASSOCIATES, L.L.C.**



Principal Place of Business 2001 WEST 68 STREET HALEAH, FL 33016	Mailing Address 2234 COLONIAL BLVD. FORT MYERS, FL 33907
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**DO NOT WRITE IN THIS SPACE**



08122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1157898	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 KOENINGER, DAVID  
 2234 COLONIAL BLVD.  
 FORT MYERS, FL 33907

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 21ST CENTURY ONCOLOGY INL. 2234 COLONIAL BLVD. FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONCOLOGY & RADIATION ASSOC. 11401 SW 40 STREET #365 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000170455  
 08/20/04-80001-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 provided by Chapter 608, Florida Statutes.

**SIGNATURE:**  **DANIEL E. DOSORETZ** **08/13/04** **2399317313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #