


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011557</b> 1. Entity Name RADIATION ONCOLOGY HOLDINGS, LLC	
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02232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 68-0507473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BUJNOSKI, JOANNE L D.O. 5151 NORTH 9TH AVE. PENSACOLA, FL 32504
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**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000085521  
03/11/04-80050-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUJNOSKI, JOANNA L 5151 NORTH 9TH AVE. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOYSES, MICHAEL H 5151 NORTH 9TH AVE. PENSACOLA, FL 32504
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IN THIS SPACE**

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 60B, Florida Statutes.

**SIGNATURE:** *Joanne L Bujnoski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/4/04*

Date

*850-416-6700*

Daytime Phone #