


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000013305
 1. Entity Name
 NORTH FLORIDA CYCLOTRON CENTER, LLC



Principal Place of Business: 1895 KINGSLEY AVENUE, SUITE 600, ORANGE PARK, FL 32073
 Mailing Address: P.O. BOX 19919, JACKSONVILLE, FL 32245

DO NOT WRITE IN THIS SPACE



04182005No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0734899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 STONEBURNER, GRESHAM R
 ONE INDEPENDENT DRIVE, SUITE 2000
 JACKSONVILLE, FL 32202

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7. 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)

Filing Fee is \$50.00
Due by May 1, 2005

U00000343890
 04/29/05-80112-015 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARYANI, SHYAM B 3599 UNIVERSITY BLVD S. STE 1000 JACKSONVILLE, FL 32218
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 required by Chapter 608, Florida Statutes.

SIGNATURE: S. B. Paryani Date: 4/29/05 Daytime Phone #: 386-3338

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