


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90037 017 ****50.00

| | |
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| DOCUMENT # L02000023035 1. Entity Name BRADENTON ONCOLOGY PARTNERS, LLC |  |
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|---|---|
| Principal Place of Business 1128 PALMA SOLA BLVD. BRADENTON, FL 34209 | Mailing Address 1128 PALMA SOLA BLVD. BRADENTON, FL 34209 |
|---|---|

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14002234



01042005 No Chg-LLC

CR2E083 (10/03)

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0926863 51-0427221 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GALVANO, WILLIAM S ESQ 1023 MANATEE AVENUE WEST BRADENTON, FL 34205 |
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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, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NGUYEN, TRI D 1128 PALMA SOLA BLVD. BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM TURALBA, CORNELIUS I.C. (Withdrawn) 1128 PALMA SOLA BLVD. BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(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 608, Florida Statutes.

SIGNATURE: TRI NGUYEN 4/22/05 941 794 9054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #