2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # L03000008542  1. Entity Name  CANCER CARE AND CHEMOTHERAPY CENTER, P.L.						Secretary of State		
Principal Plac	e of Busines:	3	Mailing Address					
1101 N. PARROTT AVENUE OKEECHOBEE FL 34972-2128			1101 N. PARROTT AVENUE OKEECHOBEE FL 34972-2128					
2. Principal Place of Business			3. Mailing Address			1 (188/18)) B)) SB(18 1/))( 88/)( 88/) 48/) 48/)	ERIECCEIGN AINE BIECH LEGE	ar ur egar
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E	083 (10/05)	
City & State			City & State			4. FEI Number 54-2125876	<del> </del>	lied For Applicabl
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$5.00 Addit Fee Required	
	6. Name	and Address of Curren	t Registered Agent			7. Name and Address of New Register	ed Agent	
0.15		1400 D ID			Name			
SNEED, RICHARD D JR 1905 SOUTH 25TH STREET, SU FORT PIERCE FL 34947			JITE 206		Street Address (	P.O. Box Number is Not Acceptable)		
. 01		2100-0-0-0						
			 		1	1	FL Zip Code	
the obligat	tions of regist	_			ir register	red agent, or both, in the State of Florida. I	am tamiliar with, e	ind accep
SIGNATURE .	Signature, typed	ai printed name of registered ager	n and title it approacht (NO	TE: Registere	ed Agent signature required	I when reinstating) DA	TE	
9.		MANAGING MEME	Make Check Payal Di	sle to Fl	ay 1, 2006	nt of State  ADDITIONS/CHAN	GES	
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NAME	AKHTAR,			NAN	- 6			
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CITY-51-21P	<u> </u>				Y-SI-ZIP			6a
11. I hereby indicated timited lia	certify that th I on this repo ability compa	ne information supplied want is true and accurate a int or the receiver or trus	with this filing does not qualify and that my signature shall has stee empowered to execute the	tor the e ve the sa is report	exemptions contained time legal effect as last as required by Cha	ed in Section 119, Florida Statutes. I further if made under oath; that I am a managing pter 608, Florida Statutes.	member or manage	tormation get of the

3/31/06 863-467-9000