

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008542

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** CANCER CARE AND CHEMOTHERAPY CENTER, P.L.

**Current Principal Place of Business:**

1713 HIGHWAY 441 NORTH  
SUITE J  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

1713 HIGHWAY 441 NORTH  
SUITE J  
OKEECHOBEE, FL 34972

**New Mailing Address:**

**FEI Number:** 54-2125876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNEED, RICHARD D JR  
1905 SOUTH 25TH STREET, SUITE 206  
FORT PIERCE, FL 34947 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AKHTAR, VASEEM  
Address: 1713 HWY 441 NORTH., SUITE J  
City-St-Zip: OKEECHOBEE, FL 349722128

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: VASEEM AKHTAR

MGRM

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date