

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000018461	
1. Entity Name RADIATION ONCOLOGY SPECIALISTS OF THE PALM BEACHES, LLC	
Principal Place of Business 1 PORTAGE LANDING SO. NORTH PALM BEACH, FL 33408	Mailing Address 1 PORTAGE LANDING SO. NORTH PALM BEACH, FL 33408



04102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0519637	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 SCHERER, KENNETH J 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH, FL 33408	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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

000000305795
04/14/05-80097-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHETTY, SUNDERAM K MD 1 PORTAGE LANDING SOUTH NORTH PALM BEACH, FL 33408
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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 608, Florida Statutes.

SIGNATURE: 11-1-14 [Signature] **DATE:** 4/14/05 **DAYTIME PHONE #:** 561 626 7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE