

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040163

Entity Name: LEE CANCER CLINIC, LC

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

4755 SUMMERLIN RD
SUITE 7
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

4755 SUMMERLIN RD
SUITE 7
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 36-4544554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHANUPRASAD, KONERU
4755 SUMMERLIN RD
SUITE 7
FORT MYERS, FL 33919 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LEE CANCER CLINIC,
Address: 4755 SUMMERLIN RD, SUITE 7
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BHANUPRASAD KONERU

MGR

04/29/2004

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