

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044756

FILED
Apr 17, 2005
Secretary of State

Entity Name: ONCOLOGY CARE CONSULTANTS, LLC

Current Principal Place of Business:

8114 CORKY LANE
JACKSONVILLE, FL 32244

New Principal Place of Business:

11157 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256

Current Mailing Address:

8114 CORKY LANE
JACKSONVILLE, FL 32244

New Mailing Address:

11157 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256

FEI Number: 52-0412493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIRMER, MICHELLE M
8114 CORKY LANE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

SCHIRMER, MICHELLE M
11157 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256 US

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:

04/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHIRMER, MICHELLE M
Address: 8114 CORKY LANE
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHIRMER, MICHELLE M
Address: 11157 TURNBRIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

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: MICHELLE SCHIRMER

MS.

04/17/2005

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