

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044756

FILED
May 22, 2006
Secretary of State

Entity Name: ONCOLOGY CARE CONSULTANTS, LLC

Current Principal Place of Business:

11157 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11157 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 52-0412493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KRAWCZYK, 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: MICHELLE KRAWCZYK

05/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRAWCZYK, 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 Chapter 119, 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 KRAWCZYK

MRS

05/22/2006

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