

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000005529

1. Entity Name

CYCLOTRON CENTER OF NORTHEAST FLORIDA, LLC



Principal Place of Business

**1895 KINGSLEY AVENUE, SUITE 600
ORANGE PARK, FL 32073**

Mailing Address

**1895 KINGSLEY AVENUE, SUITE 600
ORANGE PARK, FL 32073**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number

84-1635771

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME PARYANI, SHYAM B
STREET ADDRESS 3599 UNIVERSITY BOULEVARD SOUTH #1000
CITY-ST-ZIP JACKSONVILLE, FL 32218**

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05/13/06-80008-018 50.00**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

S. B. J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/2/06

Date

904-346-3338

Daytime phone #