2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L04000034888

Entity Name: EC ROST ONCOLOGY LLC

Current Principal Place of Business:

2003 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

2003 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308

Current Mailing Address:

2003 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32303

New Mailing Address:

2003 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308

FEI Number: 20-2402278 **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:

ERIC C. ROST, M.D.
2003 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ROST, ERIC C MD
2003 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308 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: ERIC ROST 06/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROST, ERIC C M.D.
Address: 2003 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROST, ERIC C M.D.
Address: 2003 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

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: ERIC ROST24 MM 06/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date