

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064727

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: INTEGRATED COMMUNITY ONCOLOGY NETWORK, LLC

**Current Principal Place of Business:**

9143 PHILIPS HIGHWAY STE. 560  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9143 PHILIPS HIGHWAY  
SUITE 560  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9143 PHILIPS HIGHWAY STE. 560  
JACKSONVILLE, FL 32256

**New Mailing Address:**

9143 PHILIPS HIGHWAY  
SUITE 560  
JACKSONVILLE, FL 32256

FEI Number: 41-2152274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHELAN, ROBERT  
9143 PHILIPS HIGHWAY STE. 560  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

PHELAN, ROBERT  
9143 PHILIPS HIGHWAY  
SUITE 560  
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:

04/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M ( ) Delete  
Name: MARSLAND, THOMAS A M.D.  
Address: 2161 KINGSLEY AVENUE, SUITE 200  
City-St-Zip: ORANGE PARK, FL 32073

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

Title: ( ) Delete  
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City-St-Zip:

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Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: M ( ) Change (X) Addition  
Name: PARYANI, SHYAM B M.D.  
Address: 3599 UNIVERSITY BOULEVARD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: M ( ) Change (X) Addition  
Name: STONE, JOEL A M.D.  
Address: 1801 BARRS STREET, SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32204

Title: M ( ) Change (X) Addition  
Name: JOHNSON, DOUGLAS W M.D.  
Address: 1235 SAN MARCO BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: M ( ) Change (X) Addition  
Name: MAHAJAN, SUNEEL L M.D.  
Address: 5742 BOOTH ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: M ( ) Change (X) Addition  
Name: WELLS, JOHN W M.D.  
Address: 2161 KINGSLEY AVENUE, SUITE 100  
City-St-Zip: ORANGE PARK, FL 32073

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: THOMAS A. MARSLAND, M.D.

M

04/12/2006

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