

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064727

FILED
Feb 27, 2008
Secretary of State

Entity Name: INTEGRATED COMMUNITY ONCOLOGY NETWORK, LLC

Current Principal Place of Business:

9143 PHILIPS HIGHWAY
SUITE 560
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9143 PHILIPS HIGHWAY
SUITE 560
JACKSONVILLE, FL 32256

New Mailing Address:

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
SUITE 560
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

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

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOEL A STONE

M

02/27/2008

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