

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064727

FILED  
Mar 01, 2011  
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 (X)**

**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:** MGR  
**Name:** MARSLAND, THOMAS A M.D.  
**Address:** 2161 KINGSLEY AVENUE, SUITE 200  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** MGR  
**Name:** PARYANI, SHYAM B M.D.  
**Address:** 3599 UNIVERSITY BOULEVARD SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32216

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

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

**Title:** MGR  
**Name:** ABUBAKR, YOUSIF M.D.  
**Address:** 5742 BOOTH ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** MGR  
**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 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: SHYAM PARYANI

MGR

03/01/2011

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