2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/11/2005-90045-009-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 16 AM 8:52

DOCUMENT # L04000077211

1. Entity Name
M & S, LLC

Principal Place of Business	Mailing Address
C/O CENTRAL FLORIDA HEMATOLOGY & ONCOLOGY 601 E. DIXIE AVE., SUITE 1001 LEESBURG, FL 34748	C/O CENTRAL FLORIDA HEMATOLOGY & ONCOLOGY 601 E. DIXIE AVE., SUITE 1001 LEESBURG, FL 34748

06302005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3505115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWRY, ARCHIE O JR. 308 E. FIFTH AVE. MT. DORA, FL 32757	Name: Sandeep K. Thaper, MD Street Address (P.O. Box Number is Not Acceptable): 601 E. Dixie Ave. Ste 1001 Leesburg City: Leesburg FL Zip Code: 34748

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 _____ 7/7/05
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Sandeep K. Thaper 2008 Castelli Blvd. Mt. Dora, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Minakshi Thaper 2008 Castelli Blvd. Mt. Dora, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 7/7/05 (352)409-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #