

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077211

Entity Name: M & S, LLC

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

C/O CENTRAL FLORIDA HEMATOLOGY & ONCOLOGY  
601 E. DIXIE AVE., SUITE 1001  
LEESBURG, FL 34748

## New Principal Place of Business:

## Current Mailing Address:

C/O CENTRAL FLORIDA HEMATOLOGY & ONCOLOGY  
601 E. DIXIE AVE., SUITE 1001  
LEESBURG, FL 34748

## New Mailing Address:

FEI Number: 20-3505115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THAPER, SANDEEP K  
601 E DIXIE AVE  
SUITE 1001  
LEESBURG, FL 34748 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: MR ( ) Delete  
Name: THAPER, SANDEEP K  
Address: 2008 CASTELLI BLVD  
City-St-Zip: MT DORA, FL 32757

Title: MRS ( ) Delete  
Name: THAPER, MINAKSHI  
Address: 2008 CASTELLI BLVD  
City-St-Zip: MT DORA, FL 32757

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
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 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: SANDEEP K THAPER, MD

DR

01/04/2007

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