2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# L04000077211

Entity Name: M & S, LLC

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:

C/O SANDEEP AND MINAKSHI THAPER
601 E. DIXIE AVE., SUITE 1001
LEESBURG, FL 34748

Current Mailing Address:

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

New Mailing Address:

C/O SANDEEP AND MINAKSHI THAPER
601 E. DIXIE AVE., SUITE 1001
LEESBURG, FL 34748

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 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 MR 01/16/2008

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