


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90181 021 ****50.00

DOCUMENT # L04000083783 1. Entity Name PALM BEACH GARDENS RADIATION ONCOLOGY ASSOCIATES, LLC			
Principal Place of Business 12973 DOCK WAY PALM BEACH GARDENS, FL 33410		Mailing Address 12973 DOCK WAY PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business RADIATION ONCOLOGY INC. Suite, Apt. #, etc. 10335 N. Military trail City & State Palm Beach Gardens Zip 33410		3. Mailing Address (SAME as #2) Suite, Apt. #, etc. Suite C City & State FLORIDA Zip 33410	
4. FEI Number APPLIED FOR 20-1934416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03202006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent KAPLAN, HAROLD E 1515 UNIVERSITY DRIVE, SUITE 203 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Steven Chaney Street Address (P.O. Box Number is Not Acceptable) 10335 N. Military trail Suite C City Palm Beach Gardens FL Zip Code 33410	
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 <u><i>[Signature]</i></u> <u><i>Steven L. Chaney</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEWIS, ANNE M 12973 DOCK WAY PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3/27/06 861-624-1717 <small>Date Daytime Phone</small>	