

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000090441

1. Entity Name
CANCER SERVICES OF WEST FLORIDA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:15

Principal Place of Business
**8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514**

Mailing Address
**8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514**

DO NOT WRITE IN THIS SPACE



04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
54-2160706

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WEST FLORIDA MEDICAL CENTER CLINIC, P.A.
8333 N. DAVIS HWY.
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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900074150799
05/08/06--01016--025 **550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-27-06