2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

2005 JUL -6 AM !!: 19 **DOCUMENT # L04000093720** SECRETARY OF STATE TALLAHASSEE. FLORIDA FINANCIAL SERVICES OF SOUTHWEST FLORIDA, LLC Mailing Address Principal Place of Business 2234 COLONIAL BOULEAVARD 2234 COLONIAL BOULEAVARD FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOENINGER, DAVID Street Address (P.O. Box Number is Not Acceptable) 2234 COLONIAL BOULEVARD FORT MYERS, FL 33907 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Poo Is \$50.00 Duo by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MEML Change Addition TITLE Oetete m£ RADIATION THERAPY SERVICES IN NALES KALE 2234 Colonial Blid. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-20P 33907 Ft. MYEKS FL Addition ☐ Change TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleta ☐ Change Addition TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P HITLE Delete TITLE ☐ Change **⊠** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME XXXE STRFFT ADORESS STREET ACCIDENCE CITY-ST-ZIP CITY-ST-ZIP 339,3 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 606. Florida Statutes.

WANAGER, OR AUTHORIZED REPRESENTATIVE

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