

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023117

FILED
Mar 01, 2007
Secretary of State

Entity Name: NAPLES PET, LLC

Current Principal Place of Business:

2400 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2400 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103

New Mailing Address:

2234 COLONIAL BOULEVARD
ATTN: TAX DEPARTMENT
FORT MYERS, FL 33907

FEI Number: 20-4127612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: ANCHOR HEALTH CENTER, S, P.A.
Address: 1100 5TH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34940

Title: MGR () Delete
Name: 21ST CENTURY ONCOLGY, , INC.
Address: 2234 COLONIAL BLVD.
City-St-Zip: FT. MYERS, FL

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: DAVID KOENINGER

CFO

03/01/2007

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