

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023117

FILED  
Mar 13, 2009  
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:**

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

**New Mailing Address:**

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: MGR (X) Change ( ) Addition  
Name: 21ST CENTURY ONCOLGY, , LLC  
Address: 2234 COLONIAL BLVD.  
City-St-Zip: FT. MYERS, FL 33907

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: MARY FEICHTHALER

DT

03/13/2009

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