

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024169

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA CANCER CONSULTANTS LLC

**Current Principal Place of Business:**

873 STERTHAUS AVE, STE 104  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

873 STERTHAUS AVENUE, SUITE 104  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

873 STERTHAUS AVE, STE 104  
ORMOND BEACH, FL 32174

**New Mailing Address:**

873 STERTHAUS AVENUE, SUITE 104  
ORMOND BEACH, FL 32174

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLEY, MICHAEL J MD  
873 STERTHAUS AVE, STE 104  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

KELLEY, MICHAEL J MD  
873 STERTHAUS AVENUE, SUITE 104  
ORMOND BEACH, FL 32174 US

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:

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KELLEY, MICHAEL J MD  
Address: 6 EAGLE ROCK TRAIL  
City-St-Zip: ORMOND BEACH, FL 321744307

**ADDITIONS/CHANGES:**

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: MICHAEL J. KELLEY, M.D.

MGR

04/28/2006

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