

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

03-27-2007 90206 032 ****50.00

DOCUMENT # L05000032735 1. Entity Name SARASOTA ONCOLOGY EQUITIES, LLC	
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Principal Place of Business 1970 GOLF STREET SARASOTA, FL 34236	Mailing Address 1970 GOLF STREET SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3367885	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CURRIN, PETER T 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, RICHARD H 1970 GOLF STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING Partner BUCK, Richard H. 1970 Golf St Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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]* *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #