


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90119 023 \*\*\*138.75

<b>DOCUMENT # L05000075997</b> 1. Entity Name <b>NORTH FLORIDA RADIATION ONCOLOGY GROUP, LLC</b>					
Principal Place of Business <b>3599 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32246</b>			Mailing Address <b>PO BOX 19919 JACKSONVILLE, FL 32245</b>		
2. Principal Place of Business - No P.O. Box # <b>3599 University Blvd, S</b> Suite, Apt. #, etc. <b>Suite 1000</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Jacksonville FL</b>			
City & State <b>Jacksonville FL</b>		City & State  		4. FEI Number <b>03-0568418</b>	
Zip <b>32216</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SMITH HULSEY &amp; BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PARYANI, SHYAM B 3599 UNIVERSITY BLVD S., SUITE 1000 JACKSONVILLE, FL 32216</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>S. B. Oj</u> <b>4/14/08</b> <b>904-346-3338</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**50003821**



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