2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L05000077188

Entity Name: FLORIDA ONCOLOGY, LLC

Current Principal Place of Business:

114 PARK LAKE STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

114 PARK LAKE STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 20-3338034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: CASTILLO, RAUL M.D.
Address: 616 E. ALTAMONTE DRIVE, #312
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGR ( ) Delete
Name: DUNN, PHILIP H M.D.
Address: 2501 N. ORANGE AVENUE, SUITE 381
City-St-Zip: ORLANDO, FL 32804 US

Title: MGR ( ) Delete
Name: SOLLACCIO, ROBERT J M.D.
Address: 114 PARK LAKE STREET
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT J. SOLLACCIO, MD MGR 04/19/2006

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