

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089558

FILED
Apr 30, 2009
Secretary of State

Entity Name: TALLAHASSEE CANCER INSTITUTE, P.L.

Current Principal Place of Business:

2819 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

New Principal Place of Business:

1653 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308

Current Mailing Address:

2819 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

New Mailing Address:

1653 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308

FEI Number: 20-3452721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEADBEATER, JOHN T
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: MD () Delete
Name: RASSAM, AMER G
Address: 2819 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES:

Title: MD (X) Change () Addition
Name: RASSAM, AMER G
Address: 1653 MAHAN CENTER BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

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: MANOUCHEKA ORANGE

OM

04/30/2009

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