

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089558

**FILED  
Jan 05, 2011  
Secretary of State**

**Entity Name:** TALLAHASSEE CANCER INSTITUTE, P.L.

**Current Principal Place of Business:**

1653 MAHAN CENTER BLVD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1653 MAHAN CENTER BLVD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**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  
**Name:** RASSAM, AMER G  
**Address:** 1653 MAHAN CENTER BLVD.  
**City-St-Zip:** TALLAHASSEE, FL 32308 US

I hereby 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      01/05/2011

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