

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092296

FILED
Jun 22, 2006
Secretary of State

Entity Name: CYBERKNIFE CENTER OF THE TREASURE COAST LLC

Current Principal Place of Business:

P.O. BOX 1366
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1366
STUART, FL 34995

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE115
JACKSONVILLE, FL 32204 US

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: /CHRISTOPHER L. NULAND/

06/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ROBINSON, JOHN R
Address: 173 SOUTH RIVER ROAD
City-St-Zip: STUART, FL 34996 US

Title: MGRM () Change (X) Addition
Name: AFHSAR, JOHN K
Address: 173 SOUTH RIVER ROAD
City-St-Zip: STUART, FL 34996 US

Title: MGRM () Change (X) Addition
Name: GHANDI, SUNIL
Address: 173 SOUTH RIVER ROAD
City-St-Zip: STUART, FL 34996 US

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: /JOHN A. AFHSHAR/

MGRM

06/22/2006

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