

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092296

FILED  
Feb 03, 2007  
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:

173 SOUTH RIVER RD  
STUART, FL 34996

## Current Mailing Address:

P.O. BOX 1366  
STUART, FL 34995

## New Mailing Address:

173 SOUTH RIVER RD  
STUART, FL 34996

FEI Number: 20-4918379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROBINSON, JOHN  
173 SOUTH RIVER RD  
STUART, FL 34996 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: JOHN ROBINSON

02/03/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

Title: MGRM ( ) Delete  
Name: GHANDI, SUNIL  
Address: 173 SOUTH RIVER ROAD  
City-St-Zip: STUART, FL 34996 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: JOHN ROBINSON

MGRM

02/03/2007

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