## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000092296

FILED Feb 17, 2008 Secretary of State

Entity Name: CYBERKNIFE CENTER OF THE TREASURE COAST LLC

**Current Principal Place of Business: New Principal Place of Business:** 173 SOUTH RIVER RD 2111 S E OCEAN BLVD STUART, FL 34996 STUART, FL 34996 **Current Mailing Address: New Mailing Address:** 173 SOUTH RIVER RD 173 SOUTH RIVER RD STUART, FL 34996 STUART, FL 34996 US FEI Number: 20-4918379 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, JOHN 173 SOUTH RIVER RD STUART, FL 34996 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROBINSON, JOHN R Name: Name: Address: 173 SOUTH RIVER ROAD Address: City-St-Zip: STUART, FL 34996 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: AFHSAR, JOHN K Name: Address: 173 SOUTH RIVER ROAD Address: City-St-Zip: STUART, FL 34996 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GHANDI, SUNIL Name: Name: 173 SOUTH RIVER ROAD Address: Address: City-St-Zip: STUART, FL 34996 US City-St-Zip:

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: JOHN R ROBINSON JR PRES 02/17/2008