# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 13, 2011**
**Secretary of State**

DOCUMENT# L05000092296

**Entity Name:** CYBERKNIFE CENTER OF THE TREASURE COAST LLC

**Current Principal Place of Business:**

2111 S E OCEAN BLVD
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

173 SOUTH RIVER RD
STUART, FL 34996 US

**New Mailing Address:**

**FEI Number: 20-4918379** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

Title: MGRM
Name: AFHSAR, JOHN K
Address: 2216 NE ROSEWALK TERRACE
City-St-Zip: STUART, FL 34996 US

Title: MGRM
Name: GHANDI, SUNIL
Address: 23 N VIA LUCINDA
City-St-Zip: STUART, FL 34996 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 Statues.

SIGNATURE: JOHN R ROBINSON JR PRES 03/13/2011

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