

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90067 002 \*\*\*143.75

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<b>DOCUMENT # L05000112219</b> 1. Entity Name <b>BRCH ONCOLOGY, LLC</b>					
Principal Place of Business <b>800 MEADOWS ROAD BOCA RATON, FL 33486</b>			Mailing Address <b>800 MEADOWS ROAD BOCA RATON, FL 33486</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>10 ANNE SUSIA, ESQ</b> <b>800 MEADOWS ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Boca Raton FL</b>			
Zip	Country	Zip <b>33486</b>	Country <b>USA</b>	4. FEI Number <b>20-3825398</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RISNER, PAUL E 800 MEADOWS ROAD BOCA RATON, FL 33486</b>			7. Name and Address of New Registered Agent Name <b>ANNE SUSIA, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 MEADOWS ROAD</b> City <b>Boca Raton</b> FL Zip Code <b>33486</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> DATE <u>1-28-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOCA RATON COMMUNITY HOSPITAL, INC. 800 MEADOWS ROAD BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>[Signature]</i></u> <u>1/31/08</u> <u>Richard M. Van Lath</u> <u>(561) 955-4200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					