


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90080 005 \*\*\*\*50.00

<b>DOCUMENT # L05000121397</b> 1. Entity Name <b>SOUTH FLORIDA ONCOLOGY AND HEMATOLOGY CONSULTANTS, LLC</b>					
Principal Place of Business <b>4850 W. OAKLAND PARK BLVD., SUITE C LAUDERDALE LAKES, FL 33313</b>			Mailing Address <b>4850 W. OAKLAND PARK BLVD., SUITE C LAUDERDALE LAKES, FL 33313</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>65-0577436</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ABRAMS, STEVEN M M.D. 7351 WEST OAKLAND PARK BLVD., SUITE 101 LAUDERHILL, FL 33319</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MELO, JOSE M.D. 260 S.W. 84TH AVE., SUITE C PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DENNIS, DAVID K M.D. 260 S.W. 84TH AVE., SUITE C PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ABRAMS, STEVEN M M.D. 7351 W. OAKLAND PARK BLVD., SUITE 101 LAUDERHILL, FL 33319</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHNEIDER, ANDREW M M.D. 7351 W. OAKLAND PARK BLVD., SUITE 101 LAUDERHILL, FL 33319</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: Steven M. Abrams, MD</b>			<b>2/22/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date                      Daytime Phone #		