2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000121397

1. Entity Name
SOUTH FLORIDA ONCOLOGY AND HEMATOLOGY CONSULTANTS, LLC

Principal Place of Business	Mailing Address
4850 W. OAKLAND PARK BLVD., SUITE C LAUDERDALE LAKES, FL 33313	4850 W. OAKLAND PARK BLVD., SUITE C LAUDERDALE LAKES, FL 33313

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-0577436

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, STEVEN M M.D.
7351 WEST OAKLAND PARK BLVD., SUITE 101
LAUDERHILL, FL 33319

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MELO, JOSE M.D.
STREET ADDRESS	260 S.W. 84TH AVE., SUITE C
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGR
NAME	DENNIS, DAVID K M.D.
STREET ADDRESS	260 S.W. 84TH AVE., SUITE C
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGR
NAME	ABRAMS, STEVEN M M.D.
STREET ADDRESS	7351 W. OAKLAND PARK BLVD., SUITE 101
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	MGR
NAME	SCHNEIDER, ANDREW M M.D.
STREET ADDRESS	7351 W. OAKLAND PARK BLVD., SUITE 101
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/08-80029-015 143.75

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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: _____ 1/21/08 954-731-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #