

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121397

FILED
Jan 15, 2009
Secretary of State

Entity Name: SOUTH FLORIDA ONCOLOGY AND HEMATOLOGY CONSULTANTS, LLC

Current Principal Place of Business:

4850 W. OAKLAND PARK BLVD., SUITE C
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

4850 W. OAKLAND PARK BLVD., SUITE C
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 65-0577436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABRAMS, STEVEN M M.D.
7351 WEST OAKLAND PARK BLVD., SUITE 101
LAUDERHILL, FL 33319 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: MGR () Delete
Name: MELO, JOSE M.D.
Address: 260 S.W. 84TH AVE., SUITE C
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: DENNIS, DAVID K M.D.
Address: 260 S.W. 84TH AVE., SUITE C
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: ABRAMS, STEVEN M M.D.
Address: 7351 W. OAKLAND PARK BLVD., SUITE 101
City-St-Zip: LAUDERHILL, FL 33319

Title: MGR () Delete
Name: SCHNEIDER, ANDREW M M.D.
Address: 7351 W. OAKLAND PARK BLVD., SUITE 101
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: STEVEN M. ABRAMS, M.D.

MD

01/15/2009

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