2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018112

Entity Name: CANCER INSTITUTE OF FLORIDA, LLC

FILED Feb 01, 2007 Secretary of State

661 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

661 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-4633661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLIFFORD, W. MICHAEL
301 E. PINE STREET, SUITE 1400
GRAYROBINSON, P.A.
ORLANDO, FL 32801 US

BAUMANN, CHARLIE
1405. S. ORANGE AVE
SUITE 603
ORLANDO, FL 32806 US

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: CHARLIE BAUMANN 02/01/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: () Change (X) Addition REYNOLDS, ROBERT MD Name: Name: Address: Address: 894 E ALTAMONTE City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: Title: () Change (X) Addition () Delete Name: Name: LUKMAN, LINDA MD Address: Address: 894 E ALTAMONTE City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: () Change (X) Addition Name: MOROOSE, REBECCA MD Name:

 Address:
 Address:
 894 E ALTAMONTE

 City-St-Zip:
 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT REYNOLDS CEO 02/01/2007