

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018112

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: CANCER INSTITUTE OF FLORIDA, LLC

## Current Principal Place of Business:

661 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

894 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

661 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

894 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-4633661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PATRICIA, MORGAN  
894 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701      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: PAT MORGAN

07/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete  
Name: REYNOLDS, ROBERT MD  
Address: 894 E ALTAMONTE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DIR ( ) Delete  
Name: LUKMAN, LINDA MD  
Address: 894 E ALTAMONTE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DIR (X) Delete  
Name: MOROOSE, REBECCA MD  
Address: 894 E ALTAMONTE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## 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:

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: ROBERT REYNOLDS

CEO

07/08/2008

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