

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018112

FILED
Apr 21, 2009
Secretary of State

Entity Name: CANCER INSTITUTE OF FLORIDA, LLC

Current Principal Place of Business:

894 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

894 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-4633661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

ADDITIONS/CHANGES:

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: PATRICIA MORGAN

MGR

04/21/2009

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