

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000052046

1. Entity Name
FLORIDA CANCER RESEARCH INSTITUTE, L.L.C.



**FILED
Jul 12, 2007 8:00 am
Secretary of State**

07-12-2007 90009 026 ****50.00

40124716



07092007 Chg-LLC CR2E083 (12/06)

Principal Place of Business
12172 N.W. 72 STREET
PARKLAND, FL 33067

Mailing Address
12172 N.W. 72 STREET
PARKLAND, FL 33067 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 4372

Suite, Apt. #, etc.

Suite 4372

City & State

Dania FL

City & State

Dania FL

Zip

33328 USA

Zip

33328

Country

USA

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ.
1900 GLADES ROAD
SUITE 350
BOCA RATON, FL 33431

*→ This is
ok*

4. FEI Number

00-494-9095

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Elizabeth Tan-Chiu MD PA

Street Address (P.O. Box Number is Not Acceptable)

3200 S. University Dr #4372

City

Dania

FL

33328

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

Elizabeth Tan-Chiu

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/07

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAN-CHIU, ELIZABETH M.D. 12172 N.W. 72 STREET PARKLAND, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Elizabeth Tan-Chiu

7/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #