


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L06000052046</b>	
1. Entity Name FLORIDA CANCER RESEARCH INSTITUTE, L.L.C.	

Principal Place of Business 12172 N.W. 72 STREET PARKLAND, FL 33067	Mailing Address 12172 N.W. 72 STREET PARKLAND, FL 33067 US
---	--

40124116



2. Principal Place of Business - No P.O. Box # 3200 S. University Dr Suite, Apt. #, etc. Suite 4372 City & State Danie FL Zip 33328 Country USA	3. Mailing Address 3200 S. University Dr Suite, Apt. #, etc. Ste 4372 City & State Danie FL Zip 33328 Country USA
---	---

07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-494-9095	Applied For Not Applicable
------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent COEL, MARK A ESQ. 1900 GLADES ROAD SUITE 350 BOCA RATON, FL 33431 <i>7/9/07 This is ok</i>	
---	--

7. Name and Address of New Registered Agent Name Elizabeth Tan-Chiu M.D.P.A. Street Address (P.O. Box Number is Not Acceptable) 3200 S. University Dr Ste 4372 City Danie FL Zip 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 <i>Elizabeth Tan-Chiu</i> DATE <i>7/9/07</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
---	--

Filing Fee is \$50.00 Due by September 14, 2007	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: <i>Elizabeth Tan-Chiu</i> DATE <i>7/9/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>	
---	--