

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059070

1. Entity Name
RADIATION ONCOLOGY CENTERS OF SOUTHWEST
FLORIDA, LLC



FILED

08 MAR 10 AM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
401 MANATEE AVENUE EAST
BRADENTON, FL 34208

Mailing Address
401 MANATEE AVENUE EAST
BRADENTON, FL 34208

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5014147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANAN, BENJAMIN R
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME RAY, PRANAB
STREET ADDRESS 401 MANATEE AVENUE EAST
CITY-ST-ZIP BRADENTON, FL 34208

☐ Change ☐ Addition
800120753568
03/19/08--01036--024 **88.75

TITLE P ☐ Delete
NAME NGUYEN, TRI
STREET ADDRESS 401 MANATEE AVENUE EAST
CITY-ST-ZIP BRADENTON, FL 34208

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
04/27/07-90032-037-\$50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Tri Nguyen

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

02-25-2008 941794 9054

Date

Daytime Phone #