

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-30-2007 90061 045 ****50.00

DOCUMENT # L06000076803 1. Entity Name MIAMI BRACHYTHERAPY ASSOCIATES, LLC					
Principal Place of Business % LEONARD TOONKEL, M.D. COMPREHENSIVE CANCER CENTER, 4300 ALTON RD MIAMI BEACH, FL 33140				Mailing Address % LEONARD TOONKEL, M.D. COMPREHENSIVE CANCER CENTER, 4300 ALTON RD MIAMI BEACH, FL 33140	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 812170			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 11-3787314	
Zip 33481		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE TREASURER	NAME LEONARD M TOONKEL, MD		TITLE 	NAME 	
STREET ADDRESS 4300 ALTON ROAD	CITY-ST-ZIP MIAMI BEACH FL 33140		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE PRESIDENT	NAME MARK WESTENFELD, MD		TITLE 	NAME 	
STREET ADDRESS 3313 WATER OAK STREET	CITY-ST-ZIP FT LAUDERDALE, FL 33312		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: _____			4/25/07 31518775		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		