

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                     |                                                                  |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000076803</b>                                                                                                      |                                                                  |  |
| 1. Entity Name<br><b>MIAMI BRACHYTHERAPY ASSOCIATES, LLC</b>                                                                        |                                                                  |                                                                                   |
| Principal Place of Business<br><b>% LEONARD TOONKEL, M.D.<br/>COMPREHENSIVE CANCER CTR. 4300 ALTON RD<br/>MIAMI BEACH, FL 33140</b> | Mailing Address<br><b>PO BOX 812170<br/>BOCA RATON, FL 33481</b> |                                                                                   |



02042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>11-3787314</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

**CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>TOONKEL, LEONARD M MD<br/>4300 ALTON ROAD<br/>MIAMI BEACH, FL 33140</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>WEITZENFELD, MARK MD<br/>3313 WATER OAKS STREET<br/>FORT LAUDERDALE, FL 33312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |

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02/20/08-80066-023 138.75

**DO NOT WRITE  
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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:** \_\_\_\_\_

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

Date

Daytime Phone #

2/6/08