
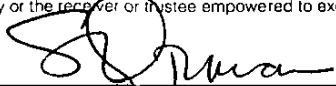


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90132 025 \*\*\*138.75

<b>DOCUMENT # L06000091248</b> 1. Entity Name <b>ENGLEWOOD CANCER CENTER EQUITIES, LLC</b>					
Principal Place of Business <b>1970 GOLF STREET SARASOTA, FL 34236</b>			Mailing Address <del>1970 GOLF STREET</del> <del>SARASOTA, FL 34236</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4371 VERONICA SHREVE BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242008    Chg-LLC    CR2E083 (12/06)	
City & State		City & State <b>FT MYERS    FL</b>		4. FEI Number <b>20-5696279</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33916-2216</b>		Country <b>LEE</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CURRIN, PETER T 200 SOUTH ORANGE AVE SARASOTA, FL 34236</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b>    Zip Code</div>	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BROWN, RICHARD H MD 1970 GOLF ST SARASOTA, FL 34236</b> <input checked="" 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	<b>MGRP BUCK, RICHARD H MD 1970 GOLF ST SARASOTA, FL 34236</b> <input checked="" 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	<b>MGRM STEPHEN ORMAN MD 836 SUNSET LAKE BLVD SUITE 101 VENICE FL 34292</b> <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	<b>MGRP PAUL GONTER MD 836 SUNSET LAKE BLVD SUITE 101 VENICE FL 34292</b> <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.					
<b>SIGNATURE:</b> 			<b>STEPHEN ORMAN</b> 3-24-08    239-274-8200 x259		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		