

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091248

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** ENGLEWOOD CANCER CENTER EQUITIES, LLC

**Current Principal Place of Business:**

1970 GOLF STREET  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

4371 VERONICA SHOEMAKER BLVD  
FORT MYERS, FL 339162216

**New Mailing Address:**

4371 VERONICA SHOEMAKER BLVD  
FORT MYERS, FL 33916

**FEI Number:** 20-5696279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURRIN, PETER T  
200 SOUTH ORANGE AVE  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEPEHN, ORMAN MD  
Address: 836 SUNSET LAKE BLVD STE 101  
City-St-Zip: VENICE, FL 34292

Title: MGRP ( ) Delete  
Name: GONTER, PAUL MD  
Address: 836 SUNSET LAKE BLVD STE101  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN ORMAN

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date