

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000091248

**FILED**  
**Mar 16, 2010**  
**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:**

4371 VERONICA S SHOEMAKER BLVD  
FT MYERS, FL 33916

**Current Mailing Address:**

4371 VERONICA SHOEMAKER BLVD  
FORT MYERS, FL 33916

**New Mailing Address:**

**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:**

ORMAN, STEPHEN  
836 SUNSET LAKE BLVD STE 101  
VENICE, FL 34292 US

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: STEPHEN ORMAN

03/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

03/16/2010

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