

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90047 001 ***138.75

DOCUMENT # L06000101901

1. Entity Name
INTERNATIONAL RADIATION ONCOLOGY CENTERS LLC



Principal Place of Business

**875 MILITARY TRL
STE. 200
JUPITER, FL 33458 US**

Mailing Address

**875 MILITARY TRL
STE. 200
JUPITER, FL 33458 US**

J00000000



07022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5818762

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DASS, KISHORE M.D.
875 MILITARY TR
SUITE 200
JUPITER, FL 33458**

**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

7/3/08

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BANSAL, RAJ M.D.
875 MILITARY TRL, STE. 200
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DASS, KISHORE M.D.
875 MILITARY TRL, STE. 200
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAN, BEN M.D.
875 MILITARY TRL, STE. 200
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

7/3/08 561-746-2411

Daytime Phone #