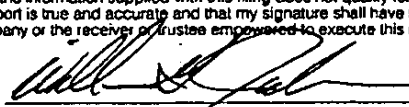


FILED
Mar 24, 2008 8:00 am
Secretary of State

02-21-2008 90065 013 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000003686					
1. Entity Name LAKEWOOD RANCH ONCOLOGY CENTER, LLC					
Principal Place of Business 1 SOUTH SCHOOL AVENUE SUITE 102 SARASOTA, FL 34237 US			Mailing Address 1 SOUTH SCHOOL AVENUE SUITE 102 SARASOTA, FL 34237 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-8287856				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS C. TYLER, JR., P.A. 981 RIDGEWOOD AVENUE SUITE 104 VENICE, FL 34285				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
	Delete ☐			Change ☐ Addition ☐	
	Delete ☐			Change ☐ Addition ☐	
	Delete ☐			Change ☐ Addition ☐	
	Delete ☐			Change ☐ Addition ☐	
	Delete ☐			Change ☐ Addition ☐	
	Delete ☐			Change ☐ Addition ☐	
	Delete ☐			Change ☐ 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.					
SIGNATURE: 				Date: 2-19-08 Daytona Phone: 941.309.7006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					