

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

71 Aug 08, 2008 8:00 am
Secretary of State

07-14-2008 90099 001 ***538.75

DOCUMENT # L07000011252 1. Entity Name LAKEWOOD RANCH ONCOLOGY HOLDING, 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		07102008 Chg-LLC CR2E083 (12/08)	
Zip		Country		4. FEI Number 20-8479713	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMAS C. TYLER, JR., P.A. 981 RIDGEWOOD AVENUE SUITE 104 VENICE, FL 34285				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, WILLIAM 1 SOUTH SCHOOL AVENUE SARASOTA, FL 34237 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWNER, SCOTT 1 SOUTH SCHOOL AVENUE SARASOTA, FL 34237 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:			7-10-08 941.309.7006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		