

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014838

FILED
Apr 29, 2008
Secretary of State

Entity Name: PHYSICIANS ONCOLOGY INSTITUTE, LLC

Current Principal Place of Business:

3253 MC MULLEN BOOTH ROAD, SUITE 100
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3253 MC MULLEN BOOTH ROAD, SUITE 100
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-8619140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBREN, DON B
101 EAST KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

JOPPERT, MARCOS MD
3253 MCMULLEN BOOTH RD, STE 100
CLEARWATER, FL 33761 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: MARCOS JOPPERT

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: JOPPERT, MARCOS MD
Address: 3243 MCMULLEN BOOTH RD, STE 1000
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Change (X) Addition
Name: BROOKS, CHARLES MD
Address: 3253 MCMULLEN BOOTH RD, STE 100
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Change (X) Addition
Name: DRAPKIN, ROBERT MD
Address: 3253 MCMULLEN BOOTH RD, STE 100
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Change (X) Addition
Name: REDWOOD, WILLIAM MD
Address: 3253 MCMULLEN BOOTH RD, STE 100
City-St-Zip: CLEARWATER, FL 33761 US

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: MARCOS JOPPERT, MD

D

04/29/2008

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