2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L07000053684

Entity Name: PGA ONC PARTNERS, LLC

Current Principal Place of Business:

C/O PALM BEACH CANCER INSTITUTE
1309 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33041

New Principal Place of Business:

Current Mailing Address:

C/O PALM BEACH CANCER INSTITUTE
1309 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33041

New Mailing Address:

FEI Number: 26-0213422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

B & C CORPROATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FLOOR
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ROTHSCHILD, NEAL M.D.	
Address:	1309 NORTH FLAGLER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	SCHWARTZ, AGUSTIN III, MD	
Address:	1309 NORTH FLAGLER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	MCKEEN, ELISABETH M.D.	
Address:	1309 NORTH FLAGLER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	GREEN, ROBERT J M.D.	
Address:	1309 NORTH FLAGLER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	SPITZ, DANIEL M.D.	
Address:	1309 NORTH FLAGLER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	RAYMOND, MARILYN M.D.	
Address:	1309 NORTH FLAGLER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROBERT J. GREEN MGRM 02/18/2009

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