

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084726

FILED
Apr 24, 2009
Secretary of State

Entity Name: ADVANCED ONCOLOGY PARTNERS, LLC

Current Principal Place of Business:

3000 US HIGHWAY 19 N
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

PO BOX 25487
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 26-2642889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INITA, BEDI
5432 BEE RIDGE ROAD
SUITE 170
SARASOTA, FL 34233 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: INITA, BEDI
Address: 5432 BEE RIDGE ROAD, SUITE 170
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: ROBERTO, ARAUJO MD
Address: 5347 MAIN STREET, SUITE 203
City-St-Zip: TARPON SPRINGS, FL 34652

Title: MGRM () Delete
Name: NEIL, BEDI
Address: 5432 BEE RIDGE ROAD, SUITE 170
City-St-Zip: SARASOTA, FL 34233

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:

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: INITA BEDI

MGRM

04/24/2009

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