

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104463

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** GULF REGION RADIATION ONCOLOGY MSO, L.L.C.

**Current Principal Place of Business:**

8333 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

8333 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 26-0623827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

POPPLE, ANDY  
8333 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514 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: MGR ( ) Delete  
Name: PETER, HECKATHORN  
Address: 5151 NORTH NINTH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR ( ) Delete  
Name: GERALD, LOWREY  
Address: 8333 NORTH DAVIS HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: MGR ( ) Delete  
Name: BUDDY, ELMORE  
Address: 5151 NORTH NINTH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR ( ) Delete  
Name: MICHAEL, REDMOND  
Address: 8333 NORTH DAVIS HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: MGR ( ) Delete  
Name: SIDNEY, SCARBOROUGH  
Address: 5151 NORTH NINTH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR ( ) Delete  
Name: KAREN, ALOY  
Address: 8333 NORTH DAVIS HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

**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: BUDDY ELMORE

MGR

01/21/2009

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