

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104463

FILED
Feb 18, 2011
Secretary of State

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

Current Principal Place of Business:

8331 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8331 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 ()

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
Name: SMITH, TERESA
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

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

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

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

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

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

I hereby 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

02/18/2011

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