

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

04-16-2008 90119 026 ***138.75

DOCUMENT # L07000117317 1. Entity Name RIVERSIDE ONCURE, LLC					
Principal Place of Business 3599 UNIVERSITY BLVD., SOUTH, SUITE 1000 JACKSONVILLE, FL 32216			Mailing Address 3599 UNIVERSITY BLVD., SOUTH, SUITE 1000 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1562780	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH HULSEY & BUSEY PROFESSIONAL ASSOC. 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.					
SIGNATURE: <u>S.B. J.</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u>3/14/08</u> <u>901-366-3338</u> Date Daytime Phone #		