

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018313

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** TAMPA RADIATION ONCOLOGY, P.L.

**Current Principal Place of Business:**

12210 BRUCE B. DOWNS BOULEVARD  
TAMPA, FL 33612-921 US

**New Principal Place of Business:**

**Current Mailing Address:**

4031 UPPER CREEK DRIVE  
SUN CITY CENTER, FL 33573 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

KAHN, RANDY MD  
4031 UPPER CREEK DRIVE  
SUN CITY CENTER, FL 33573 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PART ( ) Change (X) Addition  
Name: KAHN, RANDY MD  
Address: 4031 UPPER CREEK DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: PART ( ) Change (X) Addition  
Name: STEEL, JOHN R MD  
Address: 4031 UPPER CREEK DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33511

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: RANDY KAHN, MD

PART

02/05/2009

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