

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034180

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA PROTON PROJECT, LLC

**Current Principal Place of Business:**

7867 NORTH KENDALL DRIVE  
SUITE #105  
MIAMI, FL 33156

**New Principal Place of Business:**

7867 NORTH KENDALL DRIVE  
SUITE #105  
MIAMI, FL 33156 US

**Current Mailing Address:**

C/O WILLIAM J. SPRATT, JR., ESQ.  
200 S. BISCAYNE BLVD., SUITE 3900  
MIAMI, FL 33131

**New Mailing Address:**

200 S. BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SPRATT, WILLIAM J JR.  
200 S. BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

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:**

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: SCHWADE, JAMES G M.D.  
Address: 7867 NORTH KENDALL DRIVE, SUITE 105  
City-St-Zip: MIAMI, FL 33156 US

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: JAMES G. SCHWADE, M.D. MGR 05/01/2009

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