

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000055946

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** RAD ONC GROUP OF VERO BEACH, LLC

**Current Principal Place of Business:**

5550 SOUTH US HIGHWAY 1  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880429  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FEE, FRANK H IV, ESQ  
500 VIRGINIA AVE. SUITE 200  
FT. PIERCE, FL 34982 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: CROOK, WILLIAM F MD  
Address: 2545 SW MAYACOO WAY  
City-St-Zip: PALM CITY, FL 34990

Title: MGR  
Name: KUMAR, RAMESH T MD  
Address: 11168 LANDS END CHASE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: RAMESH T KUMAR

MFR

03/29/2011

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