

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117490

Entity Name: MID-FLORIDA ONCOLOGY II, LLC

FILED
Jan 17, 2011
Secretary of State

Current Principal Place of Business:

1848 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1848 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 27-1520425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, NEERAJ M.D.
1061 MEDICAL CENTER DRIVE, SUITE 110
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

SHARMA, NEERAJ M.D.
2776 ENTERPRISE ROAD
STE. 100
ORANGE CITY, FL 32763 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: NEERAJ SHARMA

01/17/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ORTEGA, GREGORY L
Address: 803 WETSTONE PLACE
City-St-Zip: SANFORD, FL 32771

Title: MGRM
Name: CABEZA, RENE
Address: 719 TREELINE PLACE
City-St-Zip: SANFORD, FL 32771

Title: MGRM
Name: SELASSIE, PETER
Address: 383 VISTA OAKS DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM
Name: SHARMA, NEERAJ
Address: 1848 REDWOOD GROVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM
Name: NAIR, SANTOSH
Address: 8037 VIA HERMOSA
City-St-Zip: SANFORD, FL 32771

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: NEERAJ SHARMA

MGRM

01/17/2011

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