2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

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Entity Name: SOUTH FLORIDA WOMEN'S CANCER CARE, LLC

Current Principal Place of Business:

401 LINTON BLVD.
SUITE 300
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

401 LINTON BLVD.
SUITE 300
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 27-2038695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BLVD. (JAF)
SUITE 1100
WEST PALM BEACH, FL 33401 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: MGMR
Name: RECIO, FERNANDO O MD
Address: 401 LINTON BLVD SUITE 300
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR
Name: CIRISANO, FRANK D MD
Address: 401 LINTON BLVD SUITE 300
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR
Name: NDUBISI, BONAFICE MD
Address: 401 LINTON BLVD SUITE 300
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR
Name: ALMEIDA, ZOYLA MD
Address: 401 LINTON BLVD SUITE 300
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR
Name: GATES, E J MD
Address: 401 LINTON BLVD SUITE 300
City-St-Zip: DELRAY BEACH, FL 33444

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 Statues.

SIGNATURE: FERNANDO RECIO MGRM 04/18/2011

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