

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061840

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA ONCOLOGY CO-MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 US

**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:**

BRAUN, PHILIP J  
600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 US

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

BRAUN, PHILIP J  
940 LAKE SHORE DRIVE  
SUITE 200  
THE VILLAGES, FL 32162 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: PHILIP J. BRAUN

01/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEESBURG REGIONAL MEDICAL CENTER, INC.  
Address: 600 EAST DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748 US

Title: MGRM  
Name: THE VILLAGES TRI-COUNTY MEDICAL CTR, INC.  
Address: 1451 EL CAMINO REAL  
City-St-Zip: THE VILLAGES, FL 32159 US

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: PHILIP J. BRAUN

RA

01/24/2011

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