

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L11000062745

1. Entry Name  
PROTON MEDICAL SOLUTIONS LLC



Principal Place of Business  
12308 SHADY SPRINGS WAY  
ORLANDO, FL 32828

Mailing Address  
8801 LAKE RIDGE DR  
C/O KHALED SHAIR  
DARIEN, IL 60561

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152012

Chg-LLC

CR2E083 (12/11)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAIR, KHALED A  
12308 SHADY SPRINGS WAY  
ORLANDO, FL 32828

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 28, 2012**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME U.S. INVESTMENT HOUSE LLC  
STREET ADDRESS 8801 LAKE RIDGE DR  
CITY-ST-ZIP DARIEN, IL 60561

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800235917718  
06/05/12--01010--037 \*\*138.00

TITLE MGRM ☐ Delete  
NAME RADIATION THERAPY CENTER OF SCOTTSDALE LLC  
STREET ADDRESS 2926 NORTH CIVIC CENTER PLAZA  
CITY-ST-ZIP SCOTTSDALE, AZ 85251

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Signature]*

Khaled Shair, Manager 5/22/12

kshair@protonintl.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

E-MAIL ADDRESS