

FILE NOW: Fee after May 1, will be \$588.75

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT #L95000000596**

PHYSICIANS' ONCOLOGY NETWORK, L.C.
9400 SOUTH DADELAND BLVD.
SUITE 600
MIAMI FL 33156

1a. Principal Place of Business Address

9400 SOUTH DADELAND BLVD.
SUITE 600
MIAMI FL 33156

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.

Zip

Country

U.S.

3. Date Organized or Qualified

08/03/1995

3a. State of Formation

FL

4. FRT Number

65-0620569

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/28/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

FERRELLI, JOHN
3449 JOHNSON ST.
HOLLYWOOD FL 33021

Name

Alan R. Chase, Esq.

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

9400 S. Dadeland Blvd.

Suite, Apt. #, etc.

600

City

Miami,

FL

Zip Code

33156

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligation.

SIGNATURE

Alan R. Chase

DATE

2/5/97

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KALMAN, LEONARD M.D.	8740 N.KENDALL DR. SUITE 3	MIAMI FL
MGR	RYMER, WILLIAM M.D.	5700 N. FEDERAL HIGHWAY	FORT LAUDERDALE FL
MGR	BERKOWITZ, LLOYD M.D.	16313 SOUTH MILITARY TRAIL	DELRAY BEACH FL
MGR	SIRPAL, SURENDRA M.D.	190 JOHN F. KENNEDY DRIVE	ATLANTIS FL

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***203.75 ***203.75
A. Alan
3/20/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

L. B. Evans

2/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #