Suite, Apt. #, etc.         O8/03/1995         FL           Suite 3000         4. FEI Number         Applied For           City & State         City & State         65-0620569         Not Applicable	Section   Sect	LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS							SECRETARY OF STATE DIVIS  98 APR 27 AM 9: 06		
PHYSICIANS' ONCOLOGY NETWORK, L.C. 9400 SOUTH DADELAND BLVD. SUITE 600 MIAMI FL 33156  2 Principal Place of Business Address 2 South Applied For South DADELAND BLVD. SUITE 600 MIAMI FL 33156  2 Principal Place of Business 201 S. Biscayne Blvd. Suite, Appl. 4, etc. Suite, 3000 Suite	PHYSICIANS' ONCOLOGY NETWORK, I.C. 9400 SOUTH DADELAND BLVD. SUITE 600 MIAMI FL 33156  2a. Mailing Address 2b. Street 600 MIAMI FL 33156  2b. Principal Place of Business 2col S. Biscayne Blvd. Suite 300 Country Suite 600 Miami, FLOrida 3311 Suisa 3310 Country Signature of Country S	\$ 188 1. Name	.75 Ma	ke Check Payable	To: FLOR	DA DEPARTM	ENT OF STATE			inte	
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201 S. Biscayne Blvd.  Solito, Apt. F. etc.  Solito, Apt. etc.  Solito, A	201 S. Biscayne Blvd.  Sollo, Apt. F. 86.  Sullo, Apt. F. 86.  Applied For Spiritual State  65-0620569  Country  Sullo State  105-0620569  Country  Sullo Sullo State  Su		9400 SC SUITE 6	OUTH DADELA:			.c.	-9400-SC	9400 SOUTH DADELAND BLVD.		
Suite, Apt. #, etc.  Suite, 3000  City & State  Country  To a suite and Address of Current Registered Agent  To a suite and Address of Current Registered Agent  To a suite and Address of Current Registered Agent  To a suite and Address of Current Registered Agent  Name  Name  Sa. C. CORPORATE SUITES, INC.  Store Address of Suite Address of New Registered Agent/Office  Name  Sa. C. CORPORATE SUITES, INC.  Store Address of Number is Not Acceptable)  201 S. Biscayne Boulevard, Suite 3000  City  Suite, Apt. #, etc.  Suite Address of Current Registered Agent/Office  Name  Sa. C. CORPORATE SUITES, INC.  Store Address of Number is Not Acceptable)  201 S. Biscayne Boulevard, Suite 3000  City  Suite, Apt. #, etc.  Suite Address of Number is Not Acceptable)  201 S. Biscayne Boulevard, Suite 3000  City  Suite Address of Current Registered Agent of the Suite Acceptable)  201 S. Biscayne Boulevard, Suite 3000  Suite Apt. #, etc.  Suite Address of Current Registered Agent of the Suite Acceptable)  202 Suite, Apt. #, etc.  Suite Address of Number is Not Acceptable)  203 Suite, Apt. #, etc.  Suite Address of Number is Not Acceptable)  204 S. Biscayne Boulevard, Suite 3000  City  Suite Address of Current Registered Agent of the Suite Suite Acceptable of City Suite Acceptable of City Suite Agent Age	Suite 3000 City & State    Suite 3000   City & State   Country   Country   Country   Country   Country   Country   Country   Country   State   Country   Country   State   Country   Country   Country   Country   State   Country   Country   State	] '			2a. Maili	ng Address		3. Date Organiz	ed or Qualified	3a. State of Formation	
Suite 3000 City & State City & Company City &	Suite 3000  City & State  Country  33131  Country  33131  Country  33131  Country  T. Name and Address of Current Registered Agent  Registered Agent			e Blvd.	Suite, Ap	# Atc		08/03/1	995	FL_	
Mamirical Florida 33131   USA   Zip   Country   5. Date of Last Report   6. Cartificate of Status Desired   33131   USA   Zip   Country   5. Date of Last Report   6. Cartificate of Status Desired   33131   USA   Zip   Zi	Miamir_FLorida_33131  Country  Solution   So	Suite	3000			. п, от		4. FEI Number		Applied For	
To Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of Naw Registered Agent/Office  Name  8. C CORPORATE SERVICES, INC.  Street Address (P.D. Box Number is Not Acceptable)  201 S. Biscayne Poulevard, Suite 3000  City  201 S. Biscayne Poulevard, Suite 3000  City  33131  9. Pursuant to the provisions of Sections 608.416 and 608.508. Fiorida Statutes, the above-named limited liability company submits his statement for the purpose of changing its 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 obligations.  8. 8 C CORPORATE SERVICES, INC.  Suite 3000  City  2p Code  Name  Agent Address (P.D. Box Number is Not Acceptable)  2p Code  Name  2p Code  Name  2p Code  Name  Agent Address of New Registered Agent of Number is Not Acceptable)  2p Code  Name  Agent Age	The state of the provisions of Sections 608 416 and 608 508. Florida Statutes, the above-named liability company submits its statement for the purpose of changing that registered agent, or both, in the State of Florida. Statutes, the above-named limited liability company submits its statement for the purpose of changing that registered agent, and accept the obligations.  B & C CORPORATE SERVICES, INC.  Silent Address (P.O. Box Number is Not Accesptable)  201 S. Biscayne Poulevard, Suite 3000  City  302 Code  William  FL 33131  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 that registered agent, and accept the obligations.  B & C CORPORATE SERVICES, INC.  Suite, 3000  City  313131  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 that registered agent, and accept the purpose of changing as registered agent, and accept the purpose of changing as registered agent, and accept the purpose of changing as registered agent, and accept the purpose of changing as registered agent, and accept the purpose of changing as a septiment of the members. Inverted the second and the members. Inverted the second	J			City & Sta	ate	65-0620569 Not Applicable				
7. Name and Address of Current Registered Agent  6. Name  8. Corporate Services Inc.  8. Street Address (P.O. Box Number is Not Acceptable)  901 S. Biscayne Boulevard, Suite 3000  Suite 3000  City Suite 3000  City Suite 3000  City Suite Address of Corporate Services Inc.  B & C CORPORATE SERVICES INC.  SIGNATURE  City State and Zip Code  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 BERKOWITZ, LLOYD M.D. 16313 SOUTH MILITARY TRAIL DELRAY BEACH 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  11. Idohereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115  3. (i) Forda Statutes, If urther certify that the information indicated on this annual report is true and accurate and that may signature shall have the same logal effect as if may be a supplied to the same appears in promote or or managing member	7. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent/Office  FERRELI, JOHN  3449 JOHNSON ST.  HOLLYWOOD FL 33021  201 S. Biscayne Poulevard, Suite 3000  Sulfa Apr. #, etc.  Sulfa Apr. #,	Zip		Country	Zip	C	ountry				
FERRELI, JOHN 3449 JOHNSON ST. HOLLYWOOD FL 33021  B. & C. CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Poul evard, Suite 3000 City Suite, April III, etc. Suite 3000 City FL 33131  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 define or registered agand, not 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 obligations. B. & C. CORPORATE SERVICES INC. SIGNATURE  Chaptered April Acceptable (Port Regulator) April Regulator Advisors Septiable Members. In a majority of the members. I hereby accept the appointment as registered agent, and acceptable appointment as registered agent, and acceptable appointment as registered agent, and acceptable appointment. B. & C. CORPORATE SERVICES INC. Chaptered April Acceptable (Port Regulator) April Regulator Ap	FERRELI, JOHN 3449 JOHNSON ST.  HOLLYWOOD FL 33021  Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Poulevard, Suite 3000 Suite 3000 City FL 3302  Suite 3000 City FL 3302  Suite 3000 City FL 3302  4. 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 agont, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointments registered agont, and accept the obligations.  B & C CORPORATE SERVICES INC.  Suite 3000  Zip Code Its registered agont, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointments registered agont, and accept the obligations.  B & C CORPORATE SERVICES INC.  Suite 3000  Zip Code Its registered agont, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointments are registered when the control of the purpose of changing the service of the servic	331		<u>                                       </u>							
B & C CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable)  201 Sized Address (P.O. Box Number is Not Acceptable)  201 Sized Address (P.O. Box Number is Not Acceptable)  201 Sized Andress (P.O. Box Number is Not Acceptable)  201 Sized Address (P.O. Box Number is Not Acceptable)  201 Sized Andress (P.O. Box Number is Not Acceptable)  201 Sized Andress (P.O. Box Number is Not Acceptable)  202 Sized Andress (P.O. Box Number is Not Acceptable)  203 Sized Andress (P.O. Box Number is Not Acceptable)  204 Sized Andress (P.O. Box Number is Not Acceptable)  205 Sized Andress (P.O. Box Number is Not Acceptable)  206 Sized Andress (P.O. Box Number is Not Acceptable)  207 Sized Andress (P.O. Box Number is Not Acceptable)  208 Sized Andress (P.O. Box Number is Not Acceptable)  209 Sized Andress (P.O. Box Number is Not Acceptable)  200 Sized Andress (P.O. Box Number is Not Acceptable)  200 Sized Andress (P.O. Box Number is Not Acceptable)  201 Sized Andress (P.O. Box Number is Not Acceptable)  202 Code  225 Code  231 Sized Andress (P.O. Box Number is Not Acceptable)  231 Sized Andress (P.O. Box Number is Not Acceptable)  232 Code  233 Sized Andress (P.O. Box Number is Not Acceptable)  234 Sized Andress (P.O. Box Number is Not Acceptable)  235 Code  237 Sized Andress (P.O. Box Number is Not Acceptable)  237 Sized Andress (P.O. Box Number is Not Acceptable)  238 Sized Andress (P.O. Box Number is Not Acceptable)  239 Sized Andress (P.O. Box Number is Not Acceptable)  230 Sized Andress (P.O. Box Number is Not Acceptable)  231 Sized Andress (P.O. Box Number is Not Acceptable)  232 Sized Andress (P.O. Box Number is Not Acceptable)  233 Sized Andress (P.O. Box Number is Not Acceptable)  234 Sized Andress (P.O. Box Number is Not Acceptable)  235 Sized Andress (P.O. Box Number is Not Acceptable)  236 Sized Andress (P.O. Box Number is Not Acceptable)  237 Sized Andress (P.O. Box Number is Not Acceptable)  238 Sized Andress (P.O. Box Number is Not Acceptable)  239 Sized Andress (P.O. Box Number is Not Acceptable)	####188.75  ####188.75  #####188.76  #####188.76  #####188.76  #####188.76  #####188.76  #####188.76  #####188.76  #####188.76  #####188.76  #####188.76  ###################################	<del> </del>	7. Name	and Address of Currer	t Registered	Agent		3. Name and Addres	s of New Region	stered Agent/Office	
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  MGR SIRPAL, SURENDRA M.D. 190 JOHN F. KENNEDY DRIVE ATLANTIS FL  11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 116 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made in at I am a managing member or manager of the limited labelity company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florid. 157, and that my name appears in Block 10, or on an	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  MGR SIRPAL, SURENDRA M.D. 190 JOHN F. KENNEDY DRIVE ATLANTIS FL  11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 115 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made to all the same legal effect as if made to the receiver or trusted empowered to execute this report as required by Chapter 606, Floric*  11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 115 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made to the same legal effect as if made to the receiver or trusted empowered to execute this report as required by Chapter 606, Floric*  11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 115 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made to the property of trusted empowered to execute this report as required by Chapter 606, Floric*  11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 115 indicated and the true and accurate and that my signature shall have the same legal effect as if made to the property of th	its register	ed office or reg	stered agent, or both, in the accept the obligations. RATE SERVICES	ie State of Flor	ida. Such change w	City Miami ne above-named limitas authorized by affiri	ed liability company s mative vote of a majoril	ubmits this state by of the member	33131	
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MGR SIRPAL, SURENDRA M.D. 190 JOHN F. KENNEDY DRIVE ATLANTIS FL  11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118:  11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118:  13. (i) Forida 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 to the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an execute this report as required by Ch	MGR SIRPAL, SURENDRA M.D. 190 JOHN F. KENNEDY DRIVE ATLANTIS FL  11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 11s indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made to limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Floric status, and that my name appears in Block 10, or on a status of the same and that my name appears in Block 10, or on a status of the same appears in Block 10, or on a sta	MGR	RYMER,	RYMER, WILLIAM M.D. 5700 N. FEDERAL H					FORT 1	LAUDERDALE FL	
11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 11s indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made to time the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Floric and that my name appears in Block 10, or on an	11. Ido hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 11s indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made to this annual report is true and accurate and that my signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same legal effect as if made to the same appears in Block 10, or on a signature shall have the same appears in Block 10, or on a signature shall have the same appears in Block 10, or on a signature s	MGR	BERKOV	VITZ, LLOYD	M.D.	16313 S	OUTH MILI	TARY TRAII	DELRA	Y BEACH FL	
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