

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000726

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE CANCER GROUP INSTITUTE, LLC

Current Principal Place of Business:

17620 NE 9TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

P.O. BOX 2832
BEVERLY HILLS, CA 90213

Current Mailing Address:

17620 NE 9TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

P.O. BOX 2832
BEVERLY HILLS, CA 90213

FEI Number: 65-0730936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAHAM, MICHAEL
17620 NE 9 AVE
NO MIAMI BEACH, FL 33162 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: MGR () Delete
Name: BRAHAM, MICHAEL
Address: 17620 NE 9TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: BRAHAM, LINDA
Address: 17620 NE 9TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRAHAM, MICHAEL
Address: P.O. BOX 2832
City-St-Zip: BEVERLY HILLS, CA 90213

Title: MGRM (X) Change () Addition
Name: BRAHAM, LINDA
Address: P.O. BOX 2832
City-St-Zip: BEVERLY HILLS, CA 90213

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL BRAHAM

MGR

04/30/2006

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