

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L96000000992

1. Entity Name
HEM-ONC PROPERTIES, L.C.



Principal Place of Business
1801 SE HILLMOOR DRIVE
SUITE B101
PORT ST. LUCIE, FL 34952

Mailing Address
1801 SE HILLMOOR DRIVE
SUITE B101
PORT ST. LUCIE, FL 34952



07022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0695304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLIN, ALAN S
1801 SE HILLMOOR DRIVE
SUITE B101
PORT ST. LUCIE, FL 34952

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IN THIS SPACE**

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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLIN, ALAN S
1801 SE HILLMOOR DRIVE STE B101
PORT ST. LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WERTHEIM, MICHAEL S
1801 SE HILLMOOR DRIVE, ST. B101
PORT ST. LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IANNOTTI, NICHOLAS O
1801 SE HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SWANSON, PAUL
1801 SE HILLMOOR DR
PORT SAINT LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000767516
07/10/07-80008-005 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #