

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000992

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0695304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIN, ALAN S
1801 SE HILLMOOR DRIVE
SUITE B101
PORT ST. LUCIE, FL 34952 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: MGRM () Delete
Name: COLLIN, ALAN S
Address: 1801 SE HILLMOOR DRIVE STE B101
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: WERTHEIM, MICHAEL S
Address: 1801 SE HILLMOOR DRIVE, ST. B101
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: IANNOTTI, NICHOLAS O
Address: 1801 SE HILLMOOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR () Delete
Name: SWANSON, PAUL
Address: 1801 SE HILLMOOR DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALAN S COLLIN

MGRM

04/30/2008

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