

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000405

**FILED**  
**Feb 10, 2006**  
**Secretary of State**

**Entity Name:** OCALA COMMUNITY CANCER CENTER, L.C.

**Current Principal Place of Business:**

3201 S.W. 33RD ROAD  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

2650 ELM AVENUE, #201  
LONG BEACH, CA 90806

**New Mailing Address:**

**FEI Number:** 59-3538907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EGAN, THOMAS M  
915 SE 17TH STREET  
OCALA, FL 34471 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: COMMUNITY RADIATION, ONCOLOGY CENTE R S, INC  
Address: 2650 ELM AVE., SUITE 201  
City-St-Zip: LONG BEACH, CA 90806

Title: MGRM ( ) Delete  
Name: FLORIDA INSTITUTE OF, RADIATION & E N DOCURIE  
Address: 3406 N LECANTO HIGHWAY  
City-St-Zip: BEVERLY HILLS, FL 34465

**ADDITIONS/CHANGES:**

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 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: SYED ZIAULLA

ADMI

02/10/2006

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