2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 10, 2004 08:00 AM Secretary of State DOCUMENT # L99000001852 1. Entity Name FLORIDA ONCOLOGY ASSOCIATES, P.L. Principal Place of Business Mailing Address 9143 PHILLIPS HIGHWAY, SUITE 560 9143 PHILLIPS HIGHWAY, SUITE 560 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 74-2912870 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHELAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9143 PHILLIPS HIGHWAY, SUITE 560 JACKSONVILLE FL 32256 City Zip Code 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 1 am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE Change ☐ Addition Delete STONE, JOEL A M.D. NAME NAME 100000045094 STREET ADDRESS STREET ADDRESS 1801 BARRS STREET, SUITE 800 02/11/04-80049-002 50.00 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32204 Change Addition TITLE MGR Delete TITLE NAME NAME MARSLAND, THOMAS A M.D. STREET ADDRESS 2161 KINGSLEY, SUITE 200 STREET ADDRESS Cary-ST-ZIP ORANGE PARK FL 32073 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE MGR NAME NAME MAHAJAN, SUNEEL L. M.D. STREET ADDRESS STREET ADDRESS 5742 BOOTH CITY - ST - ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY - ST- ZIP ☐ Delete ☐ Change ☐ Add₁tion TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

AUTHORIZED REPRESENTATIVE

FILED