

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001852

FILED
Apr 26, 2005
Secretary of State

Entity Name: FLORIDA ONCOLOGY ASSOCIATES, P.L.

Current Principal Place of Business:

9143 PHILLIPS HIGHWAY, SUITE 560
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9143 PHILLIPS HIGHWAY, SUITE 560
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 74-2912870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELAN, ROBERT
9143 PHILLIPS HIGHWAY, SUITE 560
JACKSONVILLE, FL 32256 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/MEMBERS:

Title: MGR () Delete
Name: STONE, JOEL A M.D.
Address: 1801 BARRS STREET, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: MARSLAND, THOMAS A M.D.
Address: 2161 KINGSLEY, SUITE 200
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR () Delete
Name: MAHAJAN, SUNEEL L M.D.
Address: 5742 BOOTH
City-St-Zip: JACKSONVILLE, FL 32207

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL A. STONE MD

MGR

04/26/2005

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