

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001852

**FILED**  
**Mar 01, 2011**  
**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 (X)**

**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/MANAGERS:**

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

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

**Title:** MGR  
**Name:** ABUBAKR, YOUSIF M.D.  
**Address:** 5742 BOOTH  
**City-St-Zip:** JACKSONVILLE, FL 32207

I hereby 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

DR.

03/01/2011

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