

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000107

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** POINTE WEST ONCOLOGY, LLC

**Current Principal Place of Business:**

6215 21ST AVE. W., STE. B  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

188 INVERNESS DR WEST 650  
ENGLEWOOD, CO 80112

**New Mailing Address:**

**FEI Number:** 65-0344963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CHOATE, DUANE  
Address: 188 INVERNESS DR WEST 650  
City-St-Zip: ENGLEWOOD, CO 80112

Title: MGR  
Name: PEACH, TIMOTHY  
Address: 188 INVERNESS DR WEST 650  
City-St-Zip: ENGLEWOOD, CO 80112

Title: MGR  
Name: PHILLIPS, JR., RUSSELL D  
Address: 188 INVERNESS DRIVE WEST  
City-St-Zip: ENGLEWOOD, CO 80112

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: TIMOTHY A PEACH

CFO

04/30/2010

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