

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002413

**FILED
Apr 14, 2010
Secretary of State**

Entity Name: M & S BRACHYTHERAPY SERVICES LLC

Current Principal Place of Business:

141 STEVENS AVE.
SUITE # 9
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

141 STEVENS AVE.
SUITE # 9
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3670208 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHMIDT, BRUNO J MGR.
141 STEVENS AVE.
SUITE # 9
OLDSMAR, FL 34677 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: SCHMIDT, BRUNO J
Address: 141 STEVENS AVE., STE. # 9
City-St-Zip: OLDSMAR, FL 34677

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: BRUNO J. SCHMIDT MGR 04/14/2010

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