

# **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