



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

850-00

DOCUMENT # M05000001646					
1. Entity Name <b>SALICK HEALTH CARE, LLC</b>					
Principal Place of Business <b>8201 BEVERLY BLVD. LOS ANGELES, CA 90048</b>			Mailing Address <b>8201 BEVERLY BLVD. LOS ANGELES, CA 90048</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>68-0603435</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			700065598537 02/10/06-01000-019 ***350.00 FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>COMPREHENSIVE CANCER CENTERS, INC. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Goddard, John G. 1800 Concord Pike Wilmington, DE 19803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO <b>Jessup, Peter H. 8201 Beverly Blvd. Los Angeles, CA 90048</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVF <b>Rogers, Peter J. 8201 Beverly Blvd. Los Angeles, CA 90048</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS <b>Carrington, Victoria B. 8201 Beverly Blvd. Los Angeles, CA 90048</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>Davies, Gregory A. 1800 Concord Pike Wilmington, DE 19803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>Spragins, Samuel H. 1800 Concord Pike Wilmington, DE 19803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Peter H. Jessup, CEO 1/23/06		323-966-3400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

FILED  
06 FEB -2 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102006 Chg-LLC CR2E083 (11/05)

# ATTACHMENT

**DOCUMENT # M0500001646**  
**SALICK HEALTH CARE, LLC**

## 11. ADDITIONAL OFFICERS AND DIRECTORS - CONTINUED

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/COO HECKSEL, MARC L. 8201 BEVERLY BLVD LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BORDELON, STEPHEN J. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACDONALD, JOHN S. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCRUGGS, WESLEY L 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILBUR, DANIEL, E 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BOOTH-BARBARIN, ANN V. 1800 CONCORD PIKE WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ENGELMANN, GLENN M. 1800 CONCORD PIKE WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT RHIND, MICHAEL S. 8201 BEVERLY BLVD LOS ANGELES, CA 90048