


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # M05000003900 1. Entity Name SOUTHEAST CANCER CARE NETWORK, LLC	
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Principal Place of Business 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301	Mailing Address 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301
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DO NOT WRITE IN THIS SPACE



01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 36-4576561	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STOKES, STEVEN H M.D.
4230 HOSPITAL DRIVE, SUITE 110
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE



**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOKES, STEVEN H M.D. 33 HAMPTON WAY DOTHAN, AL 36305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWEN, RONALD S 1108 ROSS CLARK CIRCLE DOTHAN, AL 36301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000733291
01/25/08-80003-005 138.75

**DO NOT WRITE
IN THIS SPACE**

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: ✓   ✓ 1-21-08 ✓ 334-793-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #