2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M06000007032

1. Entity Name
MEI ONCOLOGY SERVICES, LLC

Principal Place of Business	Mailing Address
11772 WEST SAMPLE ROAD, SUITE 101 CORAL SPRINGS, FL 33065	11772 WEST SAMPLE ROAD, SUITE 101 CORAL SPRINGS, FL 33065

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FILED
Apr 02, 2007 08:00 AM
Secretary of State

03212007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1642523	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BALTZER, GORDON
11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065

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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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE MEI HEALTHCARE GROUP, LLC
STREET ADDRESS	11772 WEST SAMPLE ROAD, SUITE 101
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ RICHARD McLAUGHLIN 3/28/07 (954) 341-3302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #