

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000185

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA PROSTATE CANCER CENTER, LLC

**Current Principal Place of Business:**

12109 CR 103  
OXFORD, FL 34484 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 W THIRD AVE  
STE 350  
COLUMBUS, OH 43201 US

**New Mailing Address:**

**FEI Number:** 27-1657974      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** AKSMONCOLOGY, INC.  
**Address:** 100 W. THIRD AVENUE, SUITE 350 COLUMBUS OH  
**City-St-Zip:** COLUMBUS, OH 43201 US

**Title:** MGR  
**Name:** CENTRAL FLORIDA UROLOGY SPECIALISTS, LLC  
**Address:** 1901 SE 18TH AVENUE, BLDG. #300 OCALA FL 3  
**City-St-Zip:** OXFORD, FL 34484 US

**Title:** MGR  
**Name:** BUERGENTHAL, A  
**Address:** 100 W THIRD AVE COLUMBUS OH 43201 US  
**City-St-Zip:** COLUMBUS, OH 43201 US

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: A BUERGENTHAL

COO

04/25/2012

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