

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L98000000430

FILED
Jun 26, 2012
Secretary of State

Entity Name: FLORIDA CANCER SPECIALISTS, P.L.

Current Principal Place of Business:

4371 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

4371 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 65-0825133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARWIN, WILLIAM N M.D.
4371 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916 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: HARWIN, WILLIAM N MD
Address: 4371 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: MGR
Name: ALEMAR, JOSE MD
Address: 4371 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: MGR
Name: AMBINDER, ROY M MD
Address: 4371 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: MGR
Name: BROWN, RICHARD H MD
Address: 4371 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: MGR
Name: DIAZ, MICHAEL MD
Address: 4371 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: MGR
Name: GANDLE, LARRY MD
Address: 4371 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

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: WILLIAM N. HARWIN, MD

MGR

06/26/2012

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