FEI Number: APPLIED FOR	Certificate of Status Desired:
Name and Address of Current Registered Agent:	
LEVY, LIDIA 3750 GALT OCEAN DR 1610 FT. LAUDERDALE, FL 33308 US	
The above named entity submits this statement for the purpose of changing its registered office or registered offi	stered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	P/D	Title	VD
Name	LEVY, LIDIA	Name	LEVY, ISAAC
Address	3750 GALT OCEAN DR 1610	Address	3750 GALT OCEAN DR 1610
City-State-Zip:	FT. LAUDERDALE FL 33308	City-State-Zip:	FT. LAUDERDALE FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIDIA LEVY

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P12000103176

#### Entity Name: MILLENNIUM ONCOLOGY RESEARCH CLINIC, INC.

### **Current Principal Place of Business:**

7770 DAVIE RD EXT HOLLYWOOD, FL 33024

### **Current Mailing Address:**

7770 DAVIE RD EXT HOLLYWOOD, FL 33024 US

PD

## **FILED** Jan 23, 2023 Secretary of State 4190062570CC

ertificate of Status Desired: No

01/23/2023 Date

Date