

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017647

Entity Name: COMMUNITY CANCER CENTER OF NORTH FLORIDA, LLC

Current Principal Place of Business:

104 WOODMONT BLVD, SUITE 500
NASHVILLE , TN 37205

Current Mailing Address:

104 WOODMONT BLVD, SUITE 500
NASHVILLE , TN 37205 US

FEI Number: 03-0452526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MEMBER
Name E+ FLORIDA COMPREHENSIVE
CANCER CARE, LLC
Address 104 WOODMONT BLVD.
SUITE 500
City-State-Zip: NASHVILLE TN 37205

Title MEMBER
Name SCHILLING, PAUL J. M.D.
Address 104 WOODMONT BLVD, SUITE 500
City-State-Zip: NASHVILLE TN 37205

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: E+ FLORIDA COMPREHENSIVE CANCER CARE,
LLC

MEMBER

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date