

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 16, 2014
Secretary of State
CC2048914793

Entity Name: HEARTLAND ONCOLOGY PARTNERS, LLC

Current Principal Place of Business:

4416 SUN N LAKE BLVD
SEBRING, FL 33872

Current Mailing Address:

PO BOX 1031
ORLANDO, FL 32802

FEI Number: 50-0003120

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAUNDERS, ERIC L PRESIDE
4416 SUN N LAKE BLVD
ORLANDO, FL 33872 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 PRESIDENT
Name SAUNDERS, ERIC L
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name GRAHAM, GARY R
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name DIAMOND, DAVID A
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name KROCHAK, RONALD J
Address 114 PARK LAKE STR
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name SOLLACCIO, ROBERT J
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name PURDON, ROBERT L
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name ALVAREZ-FARINETTI, ALVARO R MD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name SOMBECK, MICHAEL D MD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

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: ERIC SAUNDERS

PRESIDENT

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date