# SIGNATURE: NEERAJ SHARMA MANAGING MEMBER/MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L0300002894

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MID-FLORIDA ONCOLOGY I, LLC

#### Current Principal Place of Business:

2776 ENTERPRISE ROAD STE 100 ORANGE CITY, FL 32763

#### **Current Mailing Address:**

2776 ENTERPRISE ROAD STE 100 ORANGE CITY, FL 32763

#### FEI Number: 56-2380844

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

Electronic Signature of Registered Agent

SHARMA, NEERAJ 2776 ENTERPRISE ROAD SUITE 100 ORANGE CITY, FL 32763 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:

#### Authorized Deve en (a) Dete

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	SHARMA, NEERAJ	Name	ORTEGA, GREGORY
Address	2776 ENTERPRISE ROAD, STE. 100	Address	2776 ENTERPRISE ROAD, STE. 100
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	ORANGE CITY FL 32763
Title	MGRM		
The	MGRM		
Name	CABEZA, RENE		
Address	2776 ENTERPRISE ROAD, STE. 100		
City-State-Zip:	ORANGE CITY FL 32763		

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### Certificate of Status Desired: No

FILED Jan 17, 2013 Secretary of State CC9790095741

Date

01/17/2013

Date