

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002894

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**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--------------------------------|
| Title | MGRM |
| Name | SHARMA, NEERAJ |
| Address | 2776 ENTERPRISE ROAD, STE. 100 |
| City-State-Zip: | ORANGE CITY FL 32763 |

| | |
|-----------------|--------------------------------|
| Title | MGRM |
| Name | ORTEGA, GREGORY |
| Address | 2776 ENTERPRISE ROAD, STE. 100 |
| City-State-Zip: | ORANGE CITY FL 32763 |

| | |
|-----------------|--------------------------------|
| Title | 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEERAJ SHARMA**MGMR****01/13/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date