

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090441

Entity Name: WEST FLORIDA CANCER SERVICES, LLC

Current Principal Place of Business:

8333 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

Current Mailing Address:

8333 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

FEI Number: 54-2160706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502 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 MGR
Name WEST FLORIDA MEDICAL CENTER
CLINIC, P.A.
Address 8333 N. DAVIS HWY.
City-State-Zip: PENSACOLA FL 32514

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: WEST FLORIDA MEDICAL CENTER CLINIC, P.A.

MGR

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date