

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080499

**Entity Name:** CANCER SPECIALISTS, LLC**Current Principal Place of Business:**7015 A.C. SKINNER PARKWAY  
SUITE 1  
JACKSONVILLE, FL 32256**Current Mailing Address:**7015 A.C. SKINNER PARKWAY  
SUITE 1  
JACKSONVILLE, FL 32256 US**FEI Number:** 45-5523028**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MERRELL, RYAN D  
7015 A.C. SKINNER PARKWAY  
SUITE 1  
JACKSONVILLE, FL 32256 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, MANAGER  
Name      ABUBAKR, YOUSIF A DR.  
Address    5742 BOOTH ROAD  
             SUITE A  
City-State-Zip: JACKSONVILLE FL 32207

Title      MANAGER  
Name      PATEL, MITEN R DR.  
Address    7015 A.C. SKINNER PARKWAY  
             BUILDING 100  
City-State-Zip: JACKSONVILLE FL 32256

Title      MANAGER  
Name      TELIVALA, BIJOY P DR.  
Address    5742 BOOTH ROAD  
             SUITE A  
City-State-Zip: JACKSONVILLE FL 32207

Title      MANAGER  
Name      WARMUTH, MARC A DR.  
Address    9 SAN BARTOLA DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title      MANAGER  
Name      BADARINATH, SUPRITH DR.  
Address    2 SHIRCLIFF WAY  
             SUITE 800  
City-State-Zip: JACKSONVILLE FL 32204

Title      MANAGER  
Name      KUTHIALA, SEJAL S DR.  
Address    5742 BOOTH ROAD  
             SUITE A  
City-State-Zip: JACKSONVILLE FL 32207

Title      SECRETARY, MANAGER  
Name      VANCE, WASEET Z DR.  
Address    7015 A.C. SKINNER PARKWAY  
             BUILDING 100  
City-State-Zip: JACKSONVILLE FL 32256

Title      CEO  
Name      PHELAN, ROBERT J  
Address    7015 A.C. SKINNER PARKWAY  
             SUITE 1  
City-State-Zip: JACKSONVILLE FL 32256

**Continues on page 2**

*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:** ROBERT J PHELAN

CEO

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	CFO
Name	THOMPSON, RONALD J
Address	7015 A.C. SKINNER PARKWAY SUITE 1
City-State-Zip:	JACKSONVILLE FL 32256