

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103963

**Entity Name:** GULF COAST SURGICAL ONCOLOGY, P.L.

**Current Principal Place of Business:**

730 BAYFRONT PARKWAY SUITE 5A  
PENSACOLA, FL 32502

**Current Mailing Address:**

730 BAYFRONT PARKWAY SUITE5A  
PENSACOLA, FL 32502 US

**FEI Number:** 46-3257794

**Certificate of Status Desired:** No

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

VILLEGAS, LEO MD  
1091 PARK LANE  
GULF BREEZE, FL 32563 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 VILLEGAS, LEO MD  
Address 1091 PARK LANE  
City-State-Zip: GULF BREEZE FL 32563

*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:** LEONARDO VILLEGAS, MD

**MANAGER/OWNER**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date