

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000059643

**Entity Name:** ADVANCED CANCER CARE LLC

**Current Principal Place of Business:**

34653 US HIGHWAY19 N  
PALM HARBOR, FL 34584

**Current Mailing Address:**

34653 US HIGHWAY19 N  
PALM HARBOR, FL 34584 US

**FEI Number:** 46-5378142

**Certificate of Status Desired:** No

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

GOYAL, MADHU MD  
34653 US HIGHWAY19 N  
PALM HARBOR, FL 34584 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 GOYAL, MADHU MD  
Address 34653 US HIGHWAY19 N  
City-State-Zip: PALM HARBOR FL 34584

*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:** MADHU GOYAL

**PRESIDENT**

**04/12/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date