

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000076771

Entity Name: ADVOCATE RADIATION ONCOLOGY, LLC

Current Principal Place of Business:

3080 HARBOR BLVD.
PORT CHARLOTTE, FL 33952

Current Mailing Address:

3080 HARBOR BLVD.
PORT CHARLOTTE, FL 33952 US

FEI Number: 83-4138769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NETHERO, CHRISTINA C ESQ.
101 E. KENNEDY BLVD., STE. 2800
TAMPA, FL 33602 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 DOSORETZ, DANIEL M.D.
Address 3080 HARBOR BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title MANAGER, CEO
Name DOSORETZ, ARIE M.D.
Address 3080 HARBOR BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title MANAGER
Name FOX, BRIAN
Address 3080 HARBOR BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title MANAGER
Name NAKFOOR, BRUCE M.D.
Address 3080 HARBOR BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title MANAGER
Name BUNNELL, JAMES E. JR.
Address 3080 HARBOR BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

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: DANIEL DOSORETZ

MANAGER

02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date