

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000748

**Entity Name:** E+ FLORIDA COMPREHENSIVE CANCER CARE, LLC

**Current Principal Place of Business:**

104 WOODMONT BLVD. STE 500  
NASHVILLE, TN 37203

**Current Mailing Address:**

104 WOODMONT BLVD. STE 500  
NASHVILLE, TN 37203

**FEI Number:** 26-3519196

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 E+ HEALTHCARE, LLC  
Address 104 WOODMONT BLVD STE 500  
City-State-Zip: NASHVILLE TN 37205

*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:** MELISSA CURETON

**TREASURER**

**02/27/2015**

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

\_\_\_\_\_  
Date