

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001459

**Entity Name:** VECTOR ONCOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

6555 QUINCE  
SUITE 400  
MEMPHIS, TN 38119

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC4934372469**

**Current Mailing Address:**

6555 QUINCE  
SUITE 400  
MEMPHIS, TN 38119 US

**FEI Number: 26-3631362**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name SOMER, DR. BRADLEY  
Address 5679 THE FORREST GATE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title MEMBER  
Name TILLMANN, DR. TODD  
Address 6483 CORSICA DRIVE  
City-State-Zip: MEMPHIS TN 38120

Title MEMBER  
Name RICHEY, DR. SYLVIA  
Address 6250 GREEN MEADOWS ROAD  
City-State-Zip: MEMPHIS TN 38120

Title MEMBER  
Name WEST UNION PARTNERS, LLC  
Address 6555 QUINCE STE 400  
City-State-Zip: MEMPHIS TN 38119

Title MEMBER  
Name AMBULATORY OPERATIONS, INC.  
Address 6555 QUINCE STE 400  
City-State-Zip: MEMPHIS TN 38119

Title MEMBER  
Name SCHWARTZBERG, DR. LEE  
Address 530 RIVER VIEW  
City-State-Zip: MEMPHIS TN 38120

*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: DR. BRADLEY SOMER**

**MEMBER**

**04/19/2017**

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

\_\_\_\_\_  
Date