

LO1000018808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

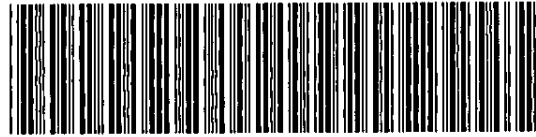
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400233209774

400233209774  
04/30/12--01057--004 \*\*25.00

FILED

2012 APR 30 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 1 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VENICE ONCOLOGY PROPERTIES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN ORMAN

Name of Person

MGRM, VENICE ONCOLOGY PROPERITES

Firm/Company

260 OSPREY POINT DR

Address

OSPREY, FLORIDA 34229

City/State and Zip Code

sorman@stephenormanmd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN ORMAN

Name of Person

at ( 941 ) 223-8733

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2012 APR 30 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: VENICE ONCOLOGY PROPERTIES

2. (a) Principal office address of limited liability company: 901 SOUTH TAMiami TRAIL

(Note: MUST BE STREET ADDRESS)

VENICE, FL 34285

(b) Mailing address of limited liability company: 260 OSPREY POINT DR

(Note: MAY BE POST OFFICE BOX)

OSPREY FL 34229

01/15/2012

3. Date of filing/registration in Florida

L010000188008

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SILBERSTEIN, DAVID M

Registered Office Address:

720 SOUTH ORANGE AVE  
SARASOTA, FL 34236 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

ORMAN, STEPHEN

NEW Registered Office Address:

260 OSPREY POINT DR

(MUST BE FLORIDA STREET ADDRESS)

OSPREY, FL 34229

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stephen Orman  
Signature of a member or authorized representative of a member

STEPHEN ORMAN

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Stephen Orman  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**