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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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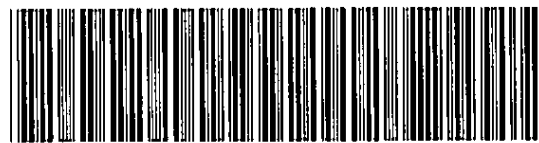
(Business Entity Name)

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**The Oncology Institute of  
Hope & Innovation**

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April 28, 2021

*Delivered via USPS*

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

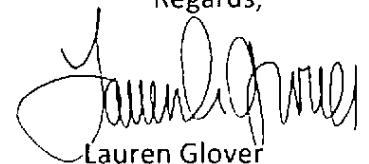
RE: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

To whom it may concern:

Enclosed, please find the requested fully executed *Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company* for *The Oncology Institute FL, LLC dba The Oncology Institute of Hope and Innovation*, along with a check in the amount of \$25.00 made payable to the Florida Department of State.

If you have any questions or need to discuss this matter further, please contact me at (562) 735-3226 x89012.

Regards,



Lauren Glover

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Oncology Institute FL, 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:

Mark Hueppelsheuser

Name of Person

The Oncology Institute of Hope and Innovation

Firm/Company

18000 Studebaker Rd., Ste. 800

Address

Cerritos, CA 90703

City/State and Zip Code

tifimilne@theoncologyinstitute.com

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

For further information concerning this matter, please call:

Lauren Glover

562

735-3226 x89012

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: The Oncology Institute FL, LLC
2. (a) The Oncology Institute FL, LLC  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
6499 38th Ave. North, Ste. G1  
St. Petersburg, FL 33710
- (b) The Oncology Institute of Hope and Innovation  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
18000 Studcbaker Rd., Ste. 800  
Cerritos, CA 90703

01/18/2002

L02000001459

3. Date of filing/registration in Florida 4. Document number

5. (a) Anil N. Raiker, M.D.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

The Oncology Institute FL, LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9319 Silverthorn Road

Largo, FL 33777

- (b) Tom Shanahan

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

The Oncology Institute FL, LLC

**NEW** Registered Office Address:

6499 38th Ave. North, Ste. G1

St. Petersburg, FL 33710

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.

Anil Raiker, M.D.

Signature of a member or authorized representative of a member

Anil N. Raiker

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 605, 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.

Tom Shanahan

Signature of Registered Agent