

L020000001459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

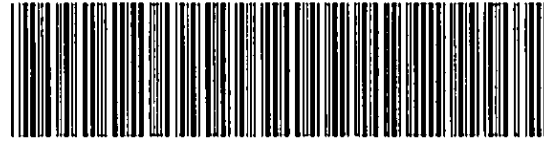
(Business Entity Name)

(Document Number)

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

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22 OCT 12 AM 5:50

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION



The Oncology Institute of  
Hope & Innovation

September 29, 2022

*Delivered via USPS*

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

22 OCT 12 AM 5:50

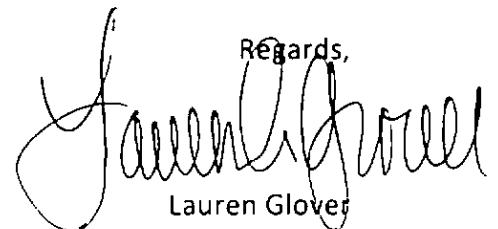
RE: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

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 \$55.00 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

laurenglover@theoncologyinstitute.com

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

For further information concerning this matter, please call:

Lauren Glover

at ( 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

22 OCT 12 AM 5:50

# 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: <u>The Oncology Institute FL, LLC</u>	
2. (a) <u>The Oncology Institute FL, LLC</u>	(b) <u>The Oncology Institute of Hope and Innovation</u>
Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> )	Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> )
<u>6499 38th Ave. North, Ste. G1</u>	<u>18000 Studebaker Rd., Ste. 800</u>
<u>St. Petersburg, FL 33710</u>	<u>Cerritos, CA 90703</u>
<u>01/18/2002</u>	<u>L02000001459</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>Tom Shanahan</u>	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
<u>The Oncology Institute FL, LLC</u>	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
<u>6499 38th Ave. North, Ste. G1</u>	
<u>St. Petersburg</u> , FL <u>33710</u>	
(b) <u>Stacy Constantine</u>	
Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b> :	
<u>The Oncology Institute FL, LLC</u>	
NEW Registered Office Address:	
<u>4700 N. Habana Ave., Ste. 702</u>	
<u>Tampa</u> , FL <u>33614</u>	

22 OCT 12 AM 5:50  
CLERK OF COURT  
TALLAHASSEE, FL

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.

Daniel Vrnich, M.D.

Signature of a member or authorized representative of a member

Daniel Vrnich, M.D.

Printed or typed name of signer

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.

Stacy Constantine

Signature of Registered Agent