

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90004 016 \*\*\*\*55.00

**DOCUMENT # L02000012477**

1. Entity Name

**HEARTLAND ONCOLOGY PARTNERS, LLC**



Principal Place of Business

**114 PARK LAKE ST.  
ORLANDO FL 3280**

Mailing Address

**114 PARK LAKE ST.  
ORLANDO FL 3280**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
**32803**

Country

Zip  
**32803**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**50-0003120**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROW, CHESTER J  
1 NE FIRST AVE., STE. 303  
OCALA FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SAUNDERS, ERIC L  
1021 NOTTINGHAM ST.  
ORLANDO FL 32803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Saunders, Eric L  
114 Park Lake St.  
Orlando FL 32803** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GRAHAM, GARY R  
169 KELLARNEY COURT  
LAKE MARY FL 32746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Graham, Gary R.  
114 Park Lake St.  
Orlando FL 32803** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**3/6/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2F083 110/02