

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023035

1. Entity Name
BRADENTON ONCOLOGY PARTNERS, LLC



Principal Place of Business
**1128 PALMA SOLA BLVD.
BRADENTON, FL 34209**

Mailing Address
**1128 PALMA SOLA BLVD.
BRADENTON, FL 34209**



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0926863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALVANO, WILLIAM S ESQ
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

04052004 No Chg-LLC
CR2E083 (10/03) \$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NGUYEN, TRI D 1128 PALMA SOLA BLVD. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURALBA, CORNELIUS I.C. 1128 PALMA SOLA BLVD. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

TRI NGUYEN

4/06/2004

Date

941-794-9054

Daytime Phone #