

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000040163

Entity Name: LEE CANCER CLINIC, LC

**FILED**  
**Jul 12, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

12781 WORLD PLAZA LN  
UNIT 88  
FORT MYERS, FL 33907 US

## **Current Mailing Address:**

12781 WORLD PLAZA LN  
UNIT 88  
FORT MYERS, FL 33907 US

## **New Principal Place of Business:**

12781 WORLD PLAZA LN  
SUITE 1  
FORT MYERS, FL 33907 US

## **New Mailing Address:**

12781 WORLD PLAZA LN  
SUITE 1  
FORT MYERS, FL 33907 US

FEI Number: 36-4544554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BHANUPRASAD, KONERU  
12781 WORLD PLAZA LN  
UNIT 88  
FORT MYERS, FL 33907 US

## **Name and Address of New Registered Agent:**

BHANUPRASAD, KONERU  
12781 WORLD PLAZA LN  
STE 1  
FORT MYERS, FL 33907 US

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.

SIGNATURE: B.KONERU

07/12/2014

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: PRES  
Name: KONERU, BHANUPRASAD  
Address: 12781 WORLD PLAZA LANE STE 1  
City-St-Zip: FORT MYERS, FL 33907 US

Title: MGR  
Name: KONERU, SAILAJA  
Address: 12781 WORLD PLAZA LANE STE 1  
City-St-Zip: FORT MYERS, FL 33907 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: B. KONERU

MGR

07/12/2014

Electronic Signature of Authorized Person

Date