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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090441

1. Entity Name

CANCER SERVICES OF WEST FLORIDA, LLC



Principal Place of Business

8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

Mailing Address

8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

FILED
07 APR 26 PM 3: 57

STATE OF FLORIDA
ALI AMASSEE, FLORIDA



04102007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

54-2160706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEST FLORIDA MEDICAL CENTER CLINIC, P.A.
8333 N. DAVIS HWY.
PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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05/22/07--01025--002 **550.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

M. A. Popple M.A. POPPLE

4-13-07

850-474-8724

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

Date

Daytime Phone #