# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000090441

1. Entity Name
WEST FLORIDA CANCER SERVICES, LLC

Principal Place of Business
8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

Mailing Address
8331 N. DAVIS HIGHWAY
PENSACOLA, FL 32514

03192008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000382247
04/15/08-80033-010 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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:** Andy Pugh 3/26/08 850 474. 8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #