

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041749

FILED
Jan 08, 2007
Secretary of State

Entity Name: NORTHWEST FLORIDA BLOOD AND CANCER CENTER, LLC

Current Principal Place of Business:

2516 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

2516 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NANFRO, JOHN J
2516 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NANFRO, JOHN J
Address: 2516 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: NANFRO, ELLEN T
Address: 2516 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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: JOHN J. NANFRO

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date