

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084726

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED ONCOLOGY PARTNERS, LLC

**Current Principal Place of Business:**

3000 US HIGHWAY 19 N  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25487  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 26-2642889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INITA, BEDI  
3830 BEE RIDGE ROAD  
SUITE 300  
SARASOTA, FL 34233 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  
**Name:** INITA, BEDI  
**Address:** 3830 BEE RIDGE ROAD, SUITE 300  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** MGRM  
**Name:** ROBERTO, ARAUJO MD  
**Address:** 5347 MAIN STREET, SUITE 203  
**City-St-Zip:** TARPON SPRINGS, FL 34652

**Title:** MGRM  
**Name:** NEIL, BEDI  
**Address:** 3830 BEE RIDGE ROAD, SUITE 300  
**City-St-Zip:** SARASOTA, FL 34233

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 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:** INITA BEDI

MGRM

04/19/2012

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