

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101741

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** ATLANTIC CANCER TREATMENT LLC

**Current Principal Place of Business:**

710 WEST BAY STREET  
SUITE B  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1351  
TAMPA, FL 33601 US

**New Mailing Address:**

**FEI Number:** 26-3665825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATLANTIC IMAGING, LLC  
710 WEST BAY STREET  
SUITE B  
TAMPA, FL 33606 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: MGR  
Name: ATLANTIC IMAGING, LLC  
Address: PO BOX 1351  
City-St-Zip: TAMPA, FL 33601 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 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: MELISSA TROXEL

MGR

02/21/2012

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