

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FLORIDA CANCER SPECIALIST
Account Number : 120120000067
Phone : (239) 274-8200
Fax Number : (239) 278-3875

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JBARNETT@FLCANCER.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICAN ONCOLOGY MANAGEMENT COMPANY, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

K. SALLY

AUG 24 2018

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
18 AUG 23 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: American Oncology Management Company, LLC

SECOND: The Florida Document number of the limited liability company is: M18000007588

THIRD: Document to be corrected is: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

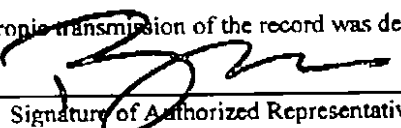
Change the Manager from Bradley A. Precht, MBA, to American Oncology Network, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

8-23-18
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)