

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36753

Entity Name: CANCER INSTITUTE OF FLORIDA, P.A.

Current Principal Place of Business:

RAUL CASTILLO
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

RAUL CASTILLO
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-2983755

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAUL CASTILLO
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701 US

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

Officer/Director Detail :

Title DPS
Name REYNOLDS, ROBERT B MD
Address 1264 WELLINGTON TERR
City-State-Zip: MAITLAND FL 32751

Title D
Name CASTILLO, RAUL M
Address 106 STONEHILL
City-State-Zip: MAITLAND FL 32757

Title T
Name LUKMAN, LINDA MD
Address 3880 EMERALD
City-State-Zip: APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CASTILLO , RAUL M

D

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date