

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000003789

**Entity Name:** INNOVATIVE CANCER INSTITUTE, LLC

**Current Principal Place of Business:**

5995 SW 71 STREET  
STE 1-B  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

270 VELEROS CRT  
CORAL GABLES, FL 33143 US

**FEI Number:** 20-8401637

**Certificate of Status Desired:** No

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

GELBER, RONALD SCPA  
11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 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

**Authorized Person(s) Detail :**

|                 |                        |                 |                       |
|-----------------|------------------------|-----------------|-----------------------|
| Title           | MGR                    | Title           | MGR                   |
| Name            | AMENDOLA, BEATRIZ M.D. | Name            | AMENDOLA, MARCO M.D.  |
| Address         | 270 VELEROS CRT        | Address         | 270 VELEROS CRT       |
| City-State-Zip: | CORAL GABLES FL 33143  | City-State-Zip: | CORAL GABLES FL 33143 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEATRIZ AMENDOLA

**MGR**

**01/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date