## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084726

Entity Name: ADVANCED ONCOLOGY PARTNERS, LLC

**Current Principal Place of Business:** 

3000 US HIGHWAY 19 N HOLIDAY, FL 34691

**Current Mailing Address:** 

PO BOX 25487

SARASOTA, FL 34277

FEI Number: 26-2642889 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INITA, BEDI 3830 BEE RIDGE ROAD SUITE 300 SARASOTA, FL 34233 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

**FILED** Mar 02, 2017

**Secretary of State** 

CC4343706679

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

INITA, BEDI Name Name ROBERTO, ARAUJO MD

Address 3830 BEE RIDGE ROAD, SUITE 300 Address 5347 MAIN STREET, SUITE 203

City-State-Zip: TARPON SPRINGS FL 34652 City-State-Zip: SARASOTA FL 34233

Title **MGRM** Name NEIL, BEDI

Address 3830 BEE RIDGE ROAD, SUITE 300

City-State-Zip: SARASOTA FL 34233

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: INITA BEDI MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

03/02/2017 Date