

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000155371

**Entity Name:** BEACON ONCOLOGY NURSE ADVOCATES, LLC

**Current Principal Place of Business:**

725 16TH AVE NE  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

725 16TH AVE NE  
ST PETERSBURG, FL 33704 US

**FEI Number:** 45-5467344

**Certificate of Status Desired:** No

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

FISCHER, ENGLANDER  
721 FIRST AVE N  
ST PETERSBURG, FL 33701 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  
Name BIAFORA, LEA ANN  
Address 725 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title AMBR  
Name BIAFORA, FRANK  
Address 725 16TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704

*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:** LEA ANN BIAFORA

**CEO**

**04/05/2021**

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

\_\_\_\_\_  
Date