

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001459

**Entity Name:** VECTOR ONCOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

6555 QUINCE ROAD  
SUITE 400  
MEMPHIS, TN 38119

**Current Mailing Address:**

6555 QUINCE ROAD  
SUITE 400  
MEMPHIS, TN 38119 US

**FEI Number:** 26-3631362

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name SOMER, BRADLEY DR.  
Address 5679 THE FORREST GATE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title MEMBER  
Name TILLMANN, DR. TODD  
Address 6483 CORSICA DRIVE  
City-State-Zip: MEMPHIS TN 38120

Title MEMBER  
Name WEST UNION PARTNERS, LLC  
Address 100 NORTH HUMPHREYS BOULEVARD  
City-State-Zip: MEMPHIS TN 38120

Title MEMBER, DIRECTOR  
Name AMBULATORY OPERATIONS, INC.  
Address 1211 UNION AVENUE,  
City-State-Zip: MEMPHIS TN 38104

Title MEMBER, DIRECTOR  
Name SCHWARTZBERG, DR. LEE  
Address 530 RIVER VIEW  
City-State-Zip: MEMPHIS TN 38120

Title COO  
Name STEPANSKI, EDWARD DR.  
Address 6026 CARTERS VIEW LANE  
City-State-Zip: ARLINGTON, TN 38002

Title DIRECTOR  
Name TAUER, KURT W. DR.  
Address 2530 JOHNSON ROAD  
City-State-Zip: GERMANTOWN TN 38139

Title MEMBER  
Name RICHEY, SYLVIA DR.  
Address 6250 GREEN MEADOWS ROAD  
City-State-Zip: MEMPHIS TN 38120

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*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:** MR. MICHAEL CHOUKAS

**CHIEF EXECUTIVE OFFICER**

**01/17/2018**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name GREENBERG, MR. MARC  
Address 6555 QUINCE ROAD  
SUITE 400  
City-State-Zip: MEMPHIS TN 38119

Title CEO, DIRECTOR  
Name CHOUKAS, MR. MICHAEL  
Address 6555 QUINCE ROAD  
SUITE 400  
City-State-Zip: MEMPHIS TN 38119