

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000001459

Entity Name: VECTOR ONCOLOGY SOLUTIONS, LLC

Current Principal Place of Business:

6555 QUINCE STE 400
MEMPHIS, TN 38119

FILED
Apr 24, 2015
Secretary of State
CC0573133703

Current Mailing Address:

6555 QUINCE STE 400
MEMPHIS, TN 38119

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

Title MEMBER
Name WEST UNION PARTNERS, LLC
Address 6555 QUINCE STE 400
City-State-Zip: MEMPHIS TN 38119

Title MEMBER
Name AMBULATORY OPERATIONS, INC.
Address 6555 QUINCE STE 400
City-State-Zip: MEMPHIS TN 38119

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

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: DR. LEE SCHWARTZBERG

MEMBER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date