

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M17000010411

**Entity Name:** AMERICAN ONCOLOGY NETWORK, LLC

**Current Principal Place of Business:**

14543 GLOBAL PARKWAY  
SUITE 110  
FORT MYERS, FL 33913

**Current Mailing Address:**

14543 GLOBAL PARKWAY  
SUITE 110  
FORT MYERS, FL 33913 US

**FEI Number:** 82-0603784

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MANAGER  
Name HELDRETH, DOUGLAS M.D.  
Address 14543 GLOBAL PARKWAY  
SUITE 110  
City-State-Zip: FORT MYERS FL 33913

Title MANAGER  
Name DIVERS, STEPHEN M.D.  
Address 14543 GLOBAL PARKWAY  
SUITE 110  
City-State-Zip: FORT MYERS FL 33913

Title MANAGER  
Name PATEL, VIPUL M.D.  
Address 14543 GLOBAL PARKWAY  
SUITE 110  
City-State-Zip: FORT MYERS FL 33913

Title MANAGER  
Name SHAH, SHALIN D.O.  
Address 14543 GLOBAL PARKWAY  
SUITE 110  
City-State-Zip: FORT MYERS FL 33913

Title MANAGER  
Name WRIGHT-BROWNE, VANCE M. M.D.  
Address 14543 GLOBAL PARKWAY  
SUITE 110  
City-State-Zip: FORT MYERS FL 33913

*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:** VIPUL PATEL, M.D.

**MANAGER**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date