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To:

Division of Corporations Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 (850) 521-1000 Phone

(850) 558-1515 Fax Number

\*\*Enter the email address for this business entity to be used for routur annual report mailings. Enter only one email address please.

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## REGISTERED AGENT CHANGE US ONCOLOGY CORPORATE, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	change is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statut anized under the laws of the State of Dela	ware	
	<del>-</del>	istered agent, or both, in the State of Florid	la.	
	of the corporation: US ONCOLOGY (			
2. The princip	pal office address: 10101 Woodloch Fo	rest, The Woodlands, TX 77380		
3. The mailing	g address (if different):			
4. Date of inco	orporation/qualification: 08/09/2004	Document number: F040000045	48	
	and street address of the current registered partment of State:	agent and registered office on file with the	<b>;</b>	
•	C T Corporation System		21 FA S	
	1200 South Pine Island Road		LLAH LLAH	
	Plantation, FL 33324	··········	HAR 16	•
6. The name a (if changed)	and street address of the new registered ag	ent (if changed) and /or registered office	6 AH IO:	4
	Corporation Service Company			7
	1201 Hays Street	,	Ti-	
	(P.O. Box NOT acceptab	le)		
	Tallahassee, FL 32301			
The street add as changed wi	lress of its registered office and the stree ill be identical.	et address of the business office of its regi	istered agent,	
Such change vauthorized by	was authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an office notified in writing of the change.	er so	
Han	ulu (a) full (a) an officer or director)	Maureen Cathell, Attorney in Fact	· ·	
I hereby accept further agree of my duties, a document is be corporation he	, ,	md agree to act in this capacity. atutes relative to the proper and complete bligation of my position as registered age, the registered office address. I hereby con	performance nt. Or, if this afirm that the	
By:	10 1 CX	March 8, 2011		
(5	Signature of Registered Agent)	(Date)	<del></del>	
If signing on b	behalf of an entity:			
Grace E. Kir	rby, Asst. VP			
	(Typed or Printed Name)			
	* * * EII INC E	TT- 425 AA + + +		