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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
04-02-2002 90963 019 ****50.00

DOCUMENT # L01000020748

1. Entity Name

PALMETTO RADIATION ASSOCIATES, L.L.C.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2001 WEST 68TH STREET	Suite, Apt. #, etc.: 2234 Colonial Blvd.
City & State: HIALEAH, FL.	City & State: Fort Myers Fl
Zip: 33016 Country: USA	Zip: 33907 Country: USA

4. FEI Number: 65-1157898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID KOENINGER

Street Address (P.O. Box Number is Not Acceptable): 2234 Colonial Blvd.

City: Fort Myers FL Zip Code: 33907

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21ST CENTURY ONCOLOGY INC 2234 Colonial Blvd. Fort Myers, FL 33907	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ Managing Member
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ONCOLOGY & RADIATION ASSC, PA. 11401 SW 40TH ST. #365 MIAMI FL 33165	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ Managing Member
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: David M. Koeninger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #