

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000128997 3)))



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Division of Corporations
Fax Number : (850) 617-6383

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Account Number : 076666002273
Phone : (904) 398-3911
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIVERSIDE CANCER CENTER, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JUN - 4 2014

EXAMINER
6/3/2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H14000128997

Riverside Cancer Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 1, 2007 and assigned
Florida document number L07000057920.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

710 Lomax Street

Jacksonville, Florida 32204

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

710 Lomax Street

Jacksonville, Florida 32204

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H14000128997

H14000128997

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P, MGR	Douglas A. Swartz	710 Lomax Street	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32204	<input type="checkbox"/> Remove
MGR	Apoorva Vashi	710 Lomax Street	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32204	<input type="checkbox"/> Remove
MGR	Mitchell D. Terk	7017 AC Skinner Parkway	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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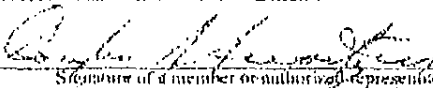
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D If amending any other information, enter change(s) here: *(attach additional sheets, if necessary)*

15. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 2 2014



Signature of a member or authorized representative of a member
Douglas A. Swartz

Typed or printed name of signer

Page 3 of 3
Filing fee: \$25.00

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

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