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DEPARTICATIONS
DIVISION OF SEPRET OR 10 A



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ACCOUNT NO. : 072100000032							
REFERENCE : 986885 7404975							
AUTHORIZATION CAREBOLENA							
COST LIMIT : \$35.00							
ORDER DATE : July 9, 2007							
ORDER TIME : 1:06 PM							
ORDER NO. : 986885-015							
CUSTOMER NO: 7404975							
CHANGE OF AGENT							
NAME: RADIATION THERAPY SERVICES, INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX							
CONTACT PERSON: Joyce Markley EXT# 2930							
EXAMINER:							

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

statement of ch	ange is submitted	ctions 607.0502, 617.0 I for a corporation org egistered office or reg	ganized under the law	vs of the State of	<u>Florid</u>		<u></u>
1. The name of	the corporation:	Radiation Ther	apy Services, In	ıc.			
2. The principal office address: 2234 Colonial Blvd., Fort Myers, FL 33907							
3. The mailing a	address (if differe	ent):					
4. Date of incor	poration/qualifica	ation: 04/15/97	Document n	umber: P9700	0003392	26	
5. The name and		f the current registered	d agent and registered	d office on file w	ith the		
	David M. K	oeninger					
•	2234 Colon	ial Blvd.			_ 	2	
	Fort Myers	, FL 33907			- CRE	1007 JUL	77
6. The name and (if changed):		f the new registered ag	, ,	/or registered of	(1) (2) [1] ₁₁		
	Corporation	Service Compa	ny		STA:	က်၊	O
	1201 Hays	Street (P.O. Box NOT accepta			_A	0	
	Tallahassee	_	oic)				
The street addre as changed will		ed office and the stre	et address of the bus	siness office of i	– .ts register	ed age	ent,
_		resolution duly adop corporation has been					
(Signati	wre of an officer or dire	ector)	David M.	Koen in ger	title)	4 C F	<u>ر</u>
Corporat	the appointment to comply with the lam familiar of Registered of the lam familiar of the	t as registered agent the provisions of all st with and accept the of to reflect a change in a writing of this chang Company Akenti	and agree to act in t atutes relative to the bligation of my posi the registered office ge.	this capacity. e proper and contition as registere e address, I here. (Pate)	nplete per ed agent. by confirm	forma Or, if n that 7	nce this the
If signing on be	palfof an ewiar as its ager	kley nt					
(1	Typed or Printed Name	<u> </u>					

* * * FILING FEE: \$35.00 * * *