2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2006
Secretary of State

DOCUMENT# 601156

Entity Name: PALM BEACH RADIATION ONCOLOGY ASSOCIATES - SUNDERAM K. SHETTY, M.D., P.A.

Current Principal Place of Business:

901 45TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

901 45TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

102 QUAYSIDE DRIVE
JUPITER, FL 33477

FEI Number: 59-1263695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DASS, KISHORE K
102 QUAYSIDE DRIVE
JUPITER, FL 33477 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: KISHORE K. DASS, M.D. 10/12/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHETTY, SUNDERAM K
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD ( ) Delete
Name: HARMON, CLAUDE M
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: DASS, KISHORE M.D.
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: LEWIS, ANNE MD
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: HEROLD, DAVID M
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DASS, KISHORE M.D.
Address: 102 QUAYSIDE DRIVE
City-St-Zip: JUPITER, FL 33477

Title: D (X) Change ( ) Addition
Name: LEWIS, ANNE MD
Address: 12973 DOCK WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change ( ) Addition
Name: HEROLD, DAVID M
Address: 1240 S. OLD DIXIE HWY
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KISHORE K. DASS, M.D. D 10/12/2006
Electronic Signature of Signing Officer or Director Date