LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 16 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
A33437

1. Entity Name
Park South Radiation Oncology Center, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6215 21st Avenue W	7450 East River Road
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite 3
City & State: Bradenton, FL	City & State: Oakdale, CA
Zip: 34209-0781 Country: USA	Zip: 95361 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0344963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$80.-	0	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F98000002646
NAME	Mica Flo II, Inc.
STREET ADDRESS	7450 East River Road, Suite 3
CITY-ST-ZIP	Oakdale, CA 95361
DOCUMENT #	
NAME	
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CR2E003B (12/01)

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RICHARD A. BAKER Richard A. Baker 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #