FILED
03 JUN 20 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33437

1. Entity Name
PARK SOUTH RADIATION ONCOLOGY CENTER, LTD.

Principal Place of Business	Mailing Address
6215 21ST AVE. W. SUITE B BRADENTON, FL 34209	7450 EAST RIVER ROAD SUITE 3 OAKDALE, CA 95361

DUE BY MAY 1, 2003

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 350	
City & State		City & State NEWPORT BEACH, CA	
Zip	Country	Zip 92660	Country USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **$80.00**	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000002646	STREET ADDRESS	610 NEWPORT CENTER DRIVE, SUITE 310
NAME	MICA FLO II, INC.	CITY-ST-ZIP	NEWPORT BEACH, CA 92660
STREET ADDRESS	7450 EAST RIVER ROAD SUITE 3		
CITY-ST-ZIP	OAKDALE, CA 95361		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	000021040240
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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 G. Baker 6-19-03 949-721-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

A33437

ACCOUNT NO. : 072100000032

REFERENCE : 137731 4302173

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 18, 2003

ORDER TIME : 9:51 AM

ORDER NO. : 137731-185

CUSTOMER NO: 4302173

CUSTOMER: Ms. Anne Stevenson
Swidler Berlin Shereff
405 Lexington Avenue
11th Floor
New York, NY 10174

RECEIVED
03 JUN 20 AM 11:55
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: PARK SOUTH RADIATION ONCOLOGY CENTER, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____