## 191,000001991

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JUL 27 2011

EXAMINER



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05/31/11--01005--006 \*\*25.00

07/11/11--01016--001 \*\*27.50

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SECRETARY OF SINTER
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Registration Section Division of Corporations

SUBJECT:

BARDMOOR CANCER CENTER, LIMITED

TAX ID:

59-3416042

DOCUMENT #:

A96000001991

The enclosed Articles of Amendment and fees are submitted for filing:

Please return all correspondence concerning this matter to the following:

Kevin S. Tralins, MD Bardmoor Cancer Center, Ltd. 8787 Bryan Dairy Road Suite 120 Largo, FL 33777 ssmithbcc@tampabay.rr.com

For further information concerning this matter, please call:

Sherry R Ogden

727 320 0200 ext 236

Enclosed is a check for \$25.00 filing fee.

Warmest Regards,

Kevin S. Tralins, MD

General Partner

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
SUBJECT: BULMOOF (	incer Center, Limited	
Name of Florida Limited Par	tnership or Limited Liability Limited Partnership	
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.	
Please return all correspondence concernie	ng this matter to:	
Sherry Ogden		
V Contact Person		
BARDMOOR CANCER CENT		
8787 BHYA/GUARRY ROAD		
SUITE 120  LARGO, FLQRIDA 33777	8787 BRYAN DAIRY ROAD	
LARGO, FLORIDA 39777 Address	LARGO, FLORIDA 33777	
	·	
City, State and Zip Code		
ssmithbaca to	mpabay.rr.com	
E-mail address: (to be used for future annual	report notification)	
For further information concerning this m	atter, please call:	
Shasa Ondan	$\frac{1}{2}$	
Name of Contact Person	Area Code and Daytime Telephone Number	
•	•	
Enclosed is a check for the following amo	unt:	
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314		
Tallahassee, FL 32301		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

0 1	OF	. <b>t</b>	
Bardmoor	Cancer Contex	Limited	
Insert name cu	rrently on file with Florida Depar	rtment of State	
			,
Pursuant to the provisions of section 62 limited liability limited partnership, wh			
, as:	signed Florida document nu	umber <u>#96 0000 0</u>	
adopts the following certificate of amer	ndment to its certificate of l	imited partnership.	
This amendment is submitted to amend the	following:		
A. If amending name, enter the new na	me of the limited partnership	p or limited liability lim	ited partnership
<u>here</u> :			
N	- 1: 4: - · · · · · · · · · · · · · · · · · ·		
New name must b	e distinguishable and contain an a	acceptable surfix.	
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh			or LLLP
,			
B. If amending mailing address and principal office address here:	or principal office addres	s, <u>enter new mailing</u>	address and/or
			The state of the s
New Principal Office Ad	dress:		
(Must be STREET address)			
	<del></del>		<u> </u>
New Mailing Address:			
(May be post office box)			<del></del>
			<b>强。 a</b>
C. If amending the registered agent and		s on our records, enter	the name of the
new registered agent and/or the new regi	stered office address nere:		
	6 hans 0	0 000	
	- 111 <i>Pro</i> 1 1 <i>I</i>	(1/)///	
Name of New Registered Agent:	<u> </u>	900.	<del></del>
	BARDMOOR CANCER CE		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:  New Registered Office Address:	8787 BRYAN DAIRY RO	OAD.	,
	8787 BRYAN DAIRY RO	OAD orida street address	

City

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.

Sharry Odden

If Changing Registered Agent, Stanature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
<u>Gp</u>	Cobalt Radiation	N 8787 Bryan Dainy Rd Pert Lango FL 33777	Add Remove	
<u></u>	CORP		Add Remove	
GL	Radlease Inc	8787 Bryon Dainy Ro Ste 120 Largo FL 33777	Add UKemove	
<del></del>			Add Remove	
			Add Remove	
			_	
E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:				
This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."				
This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.				

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filin (Effective date cannot be prior to nor more than 90 (State.)	g:
Signature(s) of a general partner or all ge	eneral partners*:
	red to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign partnership" election statement.)
Signature(s) of all new or dissociating gen	neral partner(s), if any:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	