2001 UNIFORM BUSINESS REPORT (UBR)

L00000007678

DOCUMENT #

1. Entity Name
JAXPET/POSITECH, L.L.C.
L00000007678

FILED
01 APR 25 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3599 University Blvd. South Jacksonville, FL 32216	3599 University Blvd. South Jacksonville, FL 32216

2. Principal Place of Business	3. Mailing Address
3599 University Blvd. South	700 Ygnacio Valley Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. #300
City & State Jacksonville, FL	City & State Walnut Creek, CA
Zip: 32216 Country: USA	Zip: 94596 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3323431
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Goldman, Nathan D. 225 Water Street, Suite 2050 Jacksonville Beach, FL 32207	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 _____ BRIAN COURTNEY, ASST. V.P. 4-25-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE RENEW FEE IS $550.00
Make Checks Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR U.S. Cancer Care, Inc. 3599 University Blvd. South Jacksonville, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR U.S. Cancer Care, Inc. 700 Ygnacio Valley Rd, #300 Walnut Creek, CA 94596	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004080038	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/25	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X J.W. Pollard 4-23-01 (209)847-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L00000007678 (2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 128372 4302173

AUTHORIZATION : Patricia Pujato

COST LIMIT : $ ~~RPD~~ 50.00

FILED
01 APR 25 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 25, 2001

ORDER TIME : 3:36 PM

ORDER NO. : 128372

-3/2

CUSTOMER NO: 4302173

CUSTOMER: Ms. Anne Stevenson
Swidler Berlin Shereff
The Chrysler Building
405 Lexington Avenue
New York, NY 10174

4/25

RECEIVED
01 APR 25 PM 4:04
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: JAXPET/POSITECH, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Betty Young -- EXT# 1112

EXAMINER: _____