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FILED
03 JUN 19 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007678

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

Principal Place of Business
3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

Mailing Address
7450 EAST RIVER ROAD
SUITE #3
OAKDALE, CA 95361

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

☐ CHECK HERE IF MAKING CHANGES

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
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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR U.S. CANCER CARE, INC. 7450 EAST RIVER ROAD, SUITE 3 OAKDALE, CA 95361 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR U.S. CANCER CARE, INC. 610 NEWPORT CENTER DRIVE, SUITE 310 NEWPORT BEACH, CA 92260 ☒ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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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: Richard L. Baker 6-19-03 949-721-6540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

L00000007678

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ACCOUNT NO. : 072100000032

REFERENCE : 137731 4302173

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : June 18, 2003

ORDER TIME : 1:39 PM

ORDER NO. : 137731-175

CUSTOMER NO: 4302173

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

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

ANNUAL REPORT FILING

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

MR

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#

EXAMINER'S INITIALS: _____