FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0100009659 04-30-2002 90116 010 ****50.00 DADELAND RADIATION ONCOLOGY CENTER, LLC Principal Place of Business Mailing Address C/O 100 S.E. 2ND STREET, 28TH FLOOR C/O 100 S.E. 2ND STREET, 28TH FLOOR 948076 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI-Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KTG&S REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) C/O 100 S.E. 2ND STREET, 28TH FLOOR **MIAMI FL 33131** 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 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 Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERSZ 9. ADDITIONS/CHANGES MGR TITLE □ Delete TITI F Addition ☐ Change NAME NAME SCHWADE, JAMES G MD STREET ADDRESS STREET ADDRESS 9130 S. Dadeland Blvd. #1528 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33156 , 🔲 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING MANAGING MEMBER: MANAGER OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3/13/2002 305-670-2250

Change

☐ Addition