

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000018808		
1. Entity Name VENICE ONCOLOGY PROPERTIES, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV 12 PM 2:22

Principal Place of Business 901 SOUTH TAMiami TRAIL VENICE, FL 34285 US	Mailing Address 901 SOUTH TAMiami TRAIL VENICE, FL 34285 US
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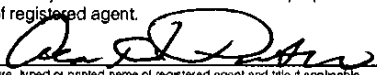


2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3663 Bee Ridge Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sarasota FL	
Zip	Country	Zip	Country
		34233	

10302008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVE. SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

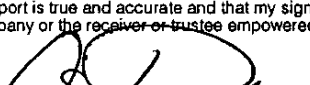
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PORTER, ALAN H 901 SOUTH TAMiami TRAIL VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000137739570 11/07/08--01029--010 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT 2008**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE