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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90963 019 ****50.00

DOCUMENT # L01000020748

1. Entity Name

PALMETTO RADIATION ASSOCIATES, L.L.C.

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2001 WEST 68TH STREET	2234 Colonial Blvd. Suite, Apt. #, etc.
City & State HIALEAH, FL.	City & State Fort Myers Fl
Zip 33016 Country USA	Zip 33907 Country USA

4. FEI Number 65-1157898 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DAVID KOENINGER

Street Address (P.O. Box Number is Not Acceptable) 2234 Colonial Blvd.

City Fort Myers FL Zip Code 33907

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	21ST CENTURY ONCOLOGY INC → Managing Member	TITLE	
NAME		NAME	
STREET ADDRESS	2234 Colonial Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33907	CITY-ST-ZIP	
TITLE	ONCOLOGY & RADIATION ASSC, PA. → Managing Member	TITLE	
NAME		NAME	
STREET ADDRESS	11401 SW 40th ST. #365	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: David Koeninger

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