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ACCOUNT NO. : 07210000032 REFERENCE 7404975 AUTHORIZATION COST LIMIT ORDER DATE: July 9, 2007 ORDER TIME: 1:13 PM ORDER NO. : 986885-030 CUSTOMER NO: 7404975 CHANGE OF AGENT NAME: PALMETTO RADIATION ASSOCIATES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Joyce Markley -- EXT# 2930 EXAMINER: S. 12

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	liability company is:	Palmett	o Radiation Asso	ciates, LLC
2. The mailing address of t	he limited liability co	ompany is : _		
2234 Colonial Bouleva	ard, Fort Myers, 3	3907		
12/03/2001 3. Date of filing/registration	n in Florida	,	L01000020748 4. Document numb	
5. The name of the registere Florida Department of St	ed agent and the regis	tered office	address as shown or	the records of the
		d Koening Name	er	
		Colonial B Address	3907	TALLAHASSEE, FLORI
6. The name and address of	_			ASSEELF ARS
<u>-</u>	1201 1	Name Ha <u>ys Stree</u>	t	8: 26 FLORIDA
	Florida street address  Tallahassee	`	32301	<del></del>
If the limited liability components of the confirmed that after the charand the business office of the liability company, it is herely of the members of the limit or the operating agreement.	any is not organized and or changes are more registered agent with the confirmed that the ed liability company	under the law ade, the Flo ill be identice change(s) were	ws of the State of Florida street address of	f the registered office f a Florida limited
(Signature of a member or authorize	<del>-</del>	er)		
(Printed or typed name of signee)  I hereby accept the appoint comply with the provisions and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the (Signature of Registered Agent)	ment as registered as	to the props of my positive to mere y company f Joyce	er and complete per	tormance of my duties

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00