2005 LIMITED LIABILITY COMPANY

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DOCUMENT # L02000011557				Secretary of Stat
1. Entity Name RADIATION ONCOLOGY HOLDINGS, LEC				
1015011	OIT OITOOLO OT TIOLDIITO	O, L20		
Principal Plac	ce of Business	Mailing Address	2911	
5151 NORTI		5151 NORTH 9TH AVE.		
PENSACOLA.	, FL 32504	PENSACOLA, FL 32504		
ţ		The second secon		.
				02172005 No Chg-LLC CR2E083 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For
				68-0507473 Not Applicable
				Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	 	-
BUJNOSKI, JOANNE L D.O. 5151 NORTH 9TH AVE.			DO NOT WRITE	
	DLA, FL 32504	-		
			}	IN THIS SPACE
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 (am familiar with, and accept the obligations of registered agent				
SIGNATURE				
Signature, lypod or printed name of registered agent and the Y applicable (NOTE Registered Agent signature required when refintating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBE	RS/MANAGERS		The second section of the section
TITLE	MGRM BLUNGSKI JOANNA I		<u> </u>	
name Street address	BUJNOSKI, JOANNA L 5151 NORTH 9TH AVE.		J	
CITY-ST-ZIP	PENSACOLA, FL 32504			
TITLE NAME	MGRM MOYSES, MICHAEL H			
STREET ADDRESS	5151 NORTH 9TH AVE.			· - -
CITY-SY-ZIP	PENSACOLA, FL 32504	<u> </u>		
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE				IN THIS SPACE
name Street address	1			IN THIS SPACE
CITY - ST - ZIP				
TITLE NAME				and the same of th
STREET ADORESS				
CITY-ST-ZIP			(= <u>u</u>	
TITLE NAME				.
STREET ADDRESS			-	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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: A JOON BUYON BUYON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAJAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

850-416-6700