

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017563

Entity Name: JAXPET, LLC

FILED
May 11, 2008
Secretary of State

Current Principal Place of Business:

3599 UNIVERSLTY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

188 INVERNESS DRIVE WEST
SUITE 650
ENGLEWOOD, CO 80112

Current Mailing Address:

610 NEWPORT CENTER DRIVE, SUITE 350
NEWPORT BEACH, CA 92660

New Mailing Address:

188 INVERNESS DRIVE WEST
SUITE 650
ENGLEWOOD, CO 80112

FEI Number: 59-3658952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ONCURE MEDICAL CORP.,
Address: 610 NEWPORT CENTER DRIVE, SUITE 310
City-St-Zip: NEWPORT BEACH, CA 92660

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: CHERNOW, DAVID
Address: 188 INVERNESS DRIVE WEST SUITE 650
City-St-Zip: ENGLEWOOD, CO 80112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 CROWLEY

VP

05/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date