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FILED
03 JUN 20 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017563

1. Entity Name
JAXPET, LLC

Principal Place of Business	Mailing Address
3599 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216	3599 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216

2. Principal Place of Business	3. Mailing Address
	610 NEWPORT CENTER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 330
City & State	City & State NEWPORT BEACH, CA
Zip / Country	Zip 92660 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STONEBURNER, GRESHAM R ONE INDEPENDENT DR., STE. 2000 JACKSONVILLE, FL 32202	Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET City: TALLAHASSEE FL Zip Code: 32301-2525

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ONCURE TECHNOLOGIES 620 NEWPORT CENTER DR., STE. 1109 NEWPORT BEACH, CA 92660 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ONCURE MEDICAL CORP. 610 NEWPORT CENTER DRIVE, SUITE 310 NEWPORT BEACH, CA 92660 ☒ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

(Round Corners)

600021032776

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 605, Florida Statutes.

SIGNATURE: Richard C. Baker 6-19-03 949-721-6540

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

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CORPORATION SERVICE COMPANY™

L02000017563

ACCOUNT NO. : 072100000032

REFERENCE : 137731 4302173

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : June 18, 2003

ORDER TIME : 3:31 PM

ORDER NO. : 137731-165

CUSTOMER NO: 4302173

CUSTOMER: Ms. Anne Stevenson
Swidler Berlin Shereff
405 Lexington Avenue
11th Floor
New York, NY 10174

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: JAXPET, LLC

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____

RECEIVED
03 JUN 19 PM 4:28
DIVISION OF CORPORATION