

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000040163

Entity Name: LEE CANCER CLINIC, LC

FILED
Oct 29, 2008
Secretary of State

Current Principal Place of Business:

4755 SUMMERLIN RD
SUITE 7
FORT MYERS, FL 33919 US

Current Mailing Address:

4755 SUMMERLIN RD
SUITE 7
FORT MYERS, FL 33919 US

New Principal Place of Business:

12781 WORLD PLAZA LN
UNIT 88
FORT MYERS, FL 33907 US

New Mailing Address:

12781 WORLD PLAZA LN
UNIT 88
FORT MYERS, FL 33907 US

FEI Number: 36-4544554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BHANUPRASAD, KONERU
4755 SUMMERLIN RD
SUITE 7
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

BHANUPRASAD, KONERU
12781 WORLD PLAZA LN
UNIT 88
FORT MYERS, FL 33907 US

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: BHANUPRASAD KONERU

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: KONERU, BHANUPRASAD MD
Address: 4755 SUMMERLIN RD, SUITE 7
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: M (X) Change () Addition
Name: KONERU, BHANUPRASAD MD
Address: 12781 WORLD PLAZA LANE
City-St-Zip: FORT MYERS, FL 33907 US

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: BHANUPRASAD KONERU

MD

10/29/2008

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