

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000088141

FILED
Oct 24, 2007
Secretary of State

Entity Name: SOUTH FLORIDA RADIATION ONCOLOGY, LLC

Current Principal Place of Business:

3335 BURNS ROAD
100
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

1157 SOUTH SR #7
WELLINGTON, FL 33414 US

New Principal Place of Business:

3355 BURNS ROAD
105
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

3355 BURNS ROAD
STE 105
PALM BEACH GARDENS, FL 33410

FEI Number: 20-1997256 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

TRIPURANENI, KRISHNA
1157 SOUTH SR #7
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

DASS, KISHORE
3355 BURNS ROAD
SUITE 105
PALM BEACH GARDENS, FL 33410 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: KISHORE K DASS

10/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRIPURANENI, KRISHNA
Address: 1157 SOUTH SR #7
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARTINEZ, MARY
Address: 3355 BURNS ROAD STE 105
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: MARY MARTINEZ

MGR

10/24/2007

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