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COVER LETTER

TQ: Registration Se Division of Cor		7g	•			
or in an orn	South Florida Ra	adiation Oncology 11 C				
SUBJECT:	South Florida Radiation Oncology, LLC Name of Limited Liability Company					
. The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	endence concerning this matter	to the following:				
		Monica Wallace				
		Name of Person				
	McDermott Will & Emery					
		Firm/Company				
	227 W. Monroe, Suite 4400					
	Address					
	Chicago, IL 60606					
	City/State and Zip Code					
	mwallace@mwe.com E-mail address: (to be used for future annual report notification)					
	E-mail address: (I	to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please c	all:				
Мо	nica Wallace	at (312)	984-7757			
Name o	f Person	Area Code & Daytim	e Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 JUL 27 AM 11: 35

SECRETARY OF STATE TALLAHASSEE FLORIDA

South F	<u>lorida Radia</u>	tion Oncology	y, LLC	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea liability Company)	rs on our records.)	
The Articles of Organization for this Limited	lability Company	were filed on	12/07/2004	and assigned
Florida document numberL040008	8141			<u>-</u>
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	<u>·e</u> :	
The new name must be distinguishable and end w"L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	3343 State Road 7			
(Principal office address MUST BE A STREET ADDRESS)		Wellington, FL 33449		
•				
Enter new mailing address, if applicable:	3343 State Road 7			
(Mailing address MAY BE A POST OFFICE	Wellington, FL 33449			
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	Mce address on e	our records, enter t	he name of the new
Name of New Registered Agent:	Ravi Patel			
New Registered Office Address:	3343 State Road 7			
		En	ter Florida street add	ress
		Vellington	, Florida	33449
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address)! hereby confirm that the limited liability company has been notified in writing of this change.

ered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name Address Type of Action Add Remove DbA [Remove ☐ Add Remove 🗖 Remove DbA□ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July Dated Signature of a mem or authorized representative of a member Ravi Patel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00