141880000401

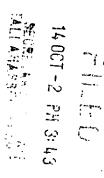
(Re	equestor's Name)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	me)					
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CSC - WILMINGTON .
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: September 30, 2014

Order#: 318603/068

Re: SOUTH FLORIDA RADIATION ONCOLOGY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: _SOUTH FLOR	IDA RADI	IATION OI	NCOLOGY, LLC			
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Wellington, FL 33449						
	12/07/2004	 -	L040000				·
3.	Date of filing/registration in Florida	4.		Document number			
5. () Rajiv Patel						
(-)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Star	te:			
	3343 State Road 7						
	Registered Office Address [MUST BE FLORIDA STREET]	ADDRESS	<u> </u>				
	Wellington , FI	33449		-			
					<u> </u>		
(b)				_	19 - 754	2	ي هو. ۱۳۳۹
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	<u>lress</u> :		200 F)T -2	
	1201 Hays Street			_		~	
	NEW Registered Office Address:			_	<u>:</u> 5	ည က် ⊐x	<u> </u>
					,) * ***	(J)	
	Tallahassee, FI	32301		_			
the cagen was/the a	limited liability company is not organized under the landing or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide the proper of this orange.	f the regis iability co of the lim e limited l	stered office ompany, it ited liabilitiability con	te and the business of is hereby confirmed to the company or as oth mpany. Printed or typed name of the confirmed or typed name or typed n	ffice of that the control of signee	he reg change provide	istered e(s) ed in
Sign	ture of Registered Agent Corporation Service Company	BY: S	ylvia Que	eppet, Assistant Vic	e Presid	ient	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00