

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 073030000653

: (904)359~7700

Phone Fax Number

: (904)359~7708

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION NORTH FLORIDA RADIATION ONCOLOGY GROUP, LLC

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\$85.00

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statute	s, the undersigned,
Smith Hulsey & Busey		, hereby resigns as
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	North Florida Radiation Oncolog	y Group, LLC
	Name of Limited Lizbility Comp	any ,
L05000075997		
Document N	(umber, if known	
A copy of this resignat	ion was mailed to the above listed limit	ed liability company at its last known address.
The agency is terminat	ed and the office discontinued on the 3	Ist day after the date on which this statement is filed
If signing on behalf of	an entity:	AH AH
	M. Richard Lewis, Jr.	6 JUN 14
	Typed or Printed Nam	S F
	Vice President	
	Capacity	8: 3: LORIUA
	FILING FEES:	Cabille annual

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

JNHS17 (2/14)