

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 15, 2007  
Secretary of State**

DOCUMENT# L05000089558

Entity Name: TALLAHASSEE CANCER INSTITUTE, P.L.

**Current Principal Place of Business:**

2819 CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2819 CAPITAL MEDICAL BOULEVARD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-3452721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

LEADBEATER, JOHN T  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 US

**Name and Address of New Registered Agent:**

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: LEADBEATER, JOHN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MD      ( ) Delete  
Name: RASSAM, AMER G  
Address: 2819 CAPITAL MEDICAL BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MANOUCHEKA ORANGE

OM

10/15/2007

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