L05000112219

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	
PICK-UP		MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	•
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

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01/19/11--01001--007 **7.50

12/06/10--01047--013 **52.50

DIVISION OF CORPORATION

N. C. Stimen Mill 7 O 3048.

COVER LETTER

TO:

Registration Section

Division of C	Corporations				
SUBJECT:	BRCH	Oncology IJ.C			
SUBJECT:		BRCH Oncology, LLC Name of Limited Liability Company			
	•	•			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	>				
		Andre Susla			
		Name of Person			
	Boca R	aton Regional Hospital,	Inc.		
		Firm/Company .			
		·			
		800 Meadows Road Address			
	·	Address			
	Boo	a Raton, Florida 33486	i		
	,	City/State and Zip Code			
		jfedele@brch.com			
	E-mail address; (o be used for future annual report	notification)		
For further information	concerning this matter, please c	all:			
	Analys Ossals	50 /	055 4400		
	Andre Susla	at (561)	955-4466 Sytime Telephone Number		
Nume	or reison	Alea Coue & Di	yime reiepixme ruimoer		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Sectificate of Status & Certified Copy (additional copy is enclosed)		
MAII Regis Divis P.O. 1 Tallal	usa Cyligan LING ADDRESS: Stration Section ion of Corporations Box 6327 hassee, FL 32314 Allery Need An	Registration So Division of Co Clifton Buildir	rporations ng e Center Circle		



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2010

JERRY FEDELE BOCA RATON REGIONAL HOSPITAL, INC. 800 MEADOWS ROAD BOCA RATON, FL 33486

SUBJECT: BRCH ONCOLOGY, LLC

Ref. Number: L05000112219

We have received your document for BRCH ONCOLOGY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

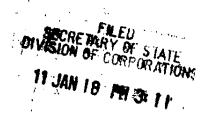
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 810A00028568

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	BRCH O	ncology, LLC	; ,	
(<u>Nam</u>	e of the Limited Liability Co (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)	
The Articles of Organization for	this Limited Liability Comp	pany were filed on	11/21/2005	and assigned
Florida document number	L05000112219			
This amendment is submitted to	amend the following:			
A. If amending name, enter th	e new name of the limited	liability company here	:	
	BRRH O	ncology, LLC		
The new name must be distinguish "L.L.C."	able and end with the words "	Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUST	BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if a	applicable:			
(Mailing address MAY BE A Po	• -	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registere registered agent and/or the new			ur records, <u>enter t</u>	he name of the new
Name of New Register	ed Agent:			
New Registered Office	Address:		<u> </u>	
		Ente	er Florida street addi	ess .
	<u> </u>		, Florida	
		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, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered 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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			
·			
			Add Remove
. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if neo	cessary.)
_		·	11 JAN OF CO.
ated	-4-11 -A	2009	OR AT TOUR
	A	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00