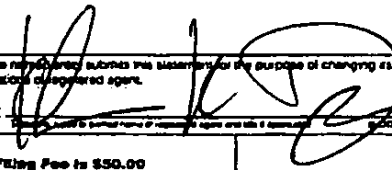


FILED
Apr 09, 2007 8:00 am
Secretary of State

01-26-2007 90077 018 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000101901			
1. Entity Name INTERNATIONAL RADIATION ONCOLOGY CENTERS LLC			
Principal Place of Business 875 MILITARY TRL STE. 200 JUPITER, FL 33458 US		Mailing Address 875 MILITARY TRL STE. 200 JUPITER, FL 33458 US	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. State and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent Name: DASS, Kishore M.D. Street Address (P.O. Box Number is Not Acceptable): 875 Military Trail Suite 200 City: Jupiter FL Zip Code: 33458		7. Name and Address of New Registered Agent	
8. The above named agent certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		Date: 3.14.07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BANSAL, RAJ M.D. 875 MILITARY TRL, STE. 200 JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM DASS, KISHORE M.D. 875 MILITARY TRL, STE. 200 JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HAN, BEN M.D. 875 MILITARY TRL, STE. 200 JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.			
SIGNATURE: 		Date: 4/9/07	