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Special Instructions to	Filing Officer:	
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Office Use Only

G. MCLEOD

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EXAMINER



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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJE	CCT: Lakewood	d Ranch Oncology Center, LLC
	(Name	e of Limited Liability Company)
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concernin	ig this matter to the following:
•	Tom Tyler	
•	(Name of Person)	
· · · · · · · · · · · · · · · · · · ·	Thomas C. Tyler, Jr., P.A.	·
•	(Firm/Company)	
	735 East Venice Avenue, Suite	e 200
	(Address)	
	. Venice, Florida 34285	
	(City/State and Zip Code)	
For fur	ther information concerning this ma	itter, please call:
	Tom Tyler	at ( 941 ) 488-4422
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
	Tallahassee, Florida 32301	1 ananassee, 1 1011ua 32314
	Enclosed is a check for the follow	ing amount:
	<b>✓</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Conv

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:Lal	kewood Ranch Oncology Center, LLC
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	mpany: 1 South School Avenue, Suite 102 Sarasota, Florida 34237
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above
1-10-2007	L07000003686
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of States
· Registered Agent:	Thomas C. Tyler, Jr., P.A.
Registered Office Address:	981 Ridgewood Avenue, Suite 104 Venice, Florida 34285
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address:
<u><b>NEW</b></u> Registered Agent:	Thomas C. Tyler, Jr., P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	735 East Venice Avenue, Suite 200
	Venice,FL_34285
that after the change or changes are made, the Florida office of the registered agent will be identical. Or in	er the laws of the State of Florida, it is hereby confirmed a street address of the registered office and the business in the case of a Florida limited liability company, it is rized by an affirmative vote of the members of the limited icles of organization or the operating agreement of the
William Jackson, Manager (Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accepy the obligations of my po F.S. Or, if this document is being filed to merely reflection that the limited liability company has been not been not been in the confirmation.	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I osition as registered agent as provided for in Chapter 608 lect a change in the registered office address, I hereby notified in writing of this change.
(Signature of Registered Agent)	

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