## L07000003789

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B

## **COVER LETTER**

Division of Corporations	
SUBJECT: Name of Limited I	ncer Institute, LLC. Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Candace (Name of Person)	
Gelber And Company)	OV NON CO
11450 Interchange Cir 1	OF CORPORATIONS 26 PM 4: 14  26 PM 5: 14
Miramar FL 3302 (City/State and Zip Code)	<u>5</u>
For further information concerning this matter, please	e call:
(Name of Person) at (	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	nt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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. The name of the limited liability company is: Innovative Cancer Institute LLC
2. The mailing address of the limited liability company is :
11450 Interchange Circle North Miramar FL 33025
3. Date of filing/registration in Florida  LO700003789  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name  110 SE 6th St. 15th Floor  Address  Fort Lauder dole FL 33301  City, State and Zip  6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
Roald S. Gelber, CPA  Name  11450 Interchange Circle North  Florida street address (P.O. Box NOT acceptable)
Miramar FL 33025 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member of authorized representative of a member)
DENTRIZ AUENPOLD, MO

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 auties, 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, Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

(Printed or typed name of signee)

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