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COVER LETTER

TO:

Registration Section Division of Corporations

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RADIATION ONCOLOGY OF WEST FLORIDA LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRAIG MIERCORT					
(Name of Person)					
RADIATION ONCOLOGY OF WEST FLORIDA LLC					
(Firm/Company)					
5810 BAHAMA SHORES DR S					
(Address)					
ST PETERSBURG, FL 33705-5428					
(City/State and Zip Code)					

For further information concerning this matter, please call:

DAVID R SMITH, CPA

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is RADIATION ONCOLOGY OF WEST FLORIDA LLC					
				<u> </u>		
2.	The Articles of Organization	were filed on	01/12/2007	and assigned		
	document numberL0700	0004496				
3.	The delayed effective date the (effective date) Note: If the date inserted in this listed as the document's effective date.	s block does not n	neet the applicable statutor	of filing: 12/31/2016 han date document is received for filing) y filing requirements, this date will not		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	BY UNANIMOUS VOTE OF M					
 3. 4. 5. 			<u> </u>			
				ā		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:					
	delivities and arrains.					
			•	· · · · · · · · · · · · · · · · · · ·		
6. lis	Signature of an authorized pe sted above to wind up the comp	rson or if there a	are no members, the signand affairs:	nature of the person appointed and		
	00		÷ .			
			CRAIG R MIEF			
	(Signature)			Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

CRAIG R MIERCORT

Printed Name of the Person Filing

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: RADIATION ONCOLOGY OF WEST FLORIDA LLC	_					
Document number of Limited Liability Company is: <u>L07000004496</u> Date of dissolution was: <u>12/31/2016</u>						
DATE OF CLAIM						
AMOUNT OF CLAIM						
DESCRIPTION OF CLAIM						
SIGNATURE OF PARTY AUTHORIZING CLAIM, IF APPLICABLE						
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) CRAIG R MIERCORT	16 OCT	77 77 77 77 77 77 77 77 77				
5810 BAHAMA SHORES DR S	င်္သ					
ST PETERSBURG FL 33705-5428	語) (1) (2)				
	65.					
A claim against the above named limited liability company will be barred unless a proceeding to enforclaim is commenced within 4 years after the filing of this notice.	ce the	<u>"</u> 2				

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00