## L08000045264

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PICK-UP WAIT MAIL					
. (Business Entity Name)					
(Document Number)					
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J. BRYAN

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**EXAMINER** 

"When you need ACCESS to the world"

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		INC.	236 East 6th P.O. Box 37066 (32315-7066)	Avenue . Tallahassee, Flor (850) 222-2666 or (80	ida 32303 0) 969-1666 . Fax (850) 222-166	56
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3.		(CORPORATE NA	AME AND DOCUMENT #)			
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## 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: Vantage F	Radiation Oncology Associates, LLC				
2. (a) Principal office address of limited liability compan	ny: 1500 Rosecrans Ave #400				
(Note: MUST BE STREET ADDRESS)	Manhattan Beach, CA 90266				
(b) Mailing address of limited liability company:	Manhattan Beach, CA 90266  L08000045264   4. Document number  The records of the Florida Dept. of States  F&L Corp  One Independent Drive Suite 1300				
(Note: MAY BE POST OFFICE BOX)					
05/06/2008	L08000045264 DO				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State					
Registered Agent:	F&L Corp				
Registered Office Address:	One Independent Drive Suite 1300				
NEW Registered Agent:  NEW Registered Office Address:	NRAI Services, Inc. 515 East Park Avenue				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:					
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL32301				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote				
Printed or typed name of signee					
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 508, 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.  NRAI Services. Inc., Kathleen C. Garleov					

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

INHS18 (05/08)