L08000075944

Office Use Only



300263410623

10/02/14--01032--009 **25.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: September 30, 2014

Order#: 318603/003

Re: BOCA RADIATION ONCOLOGY, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Wellington, FL 33449	(b)	_	• •	
Wellington, FL 33449	-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			-	
08/07/2008		08000075944		
Date of filing/registration in Florida	4.	Document nur	mber	
Rajiv Patel				
Registered Agent and Registered Office shown on the records of	the Florida Dep	pt. of State:		
3343 State Road 7				
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
Wellington , FI	33449		700	
Corporation Service Company				
	Office addres	<u>s</u> :	in ro	
			70	
1201 Hays Street			G \$	
NEW Registered Office Address:			<u>-</u> ω	
Tallahassee , FL	32301	 .		
nge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of organization or the operating agreement of the uniform member or authorized representative of a member	f the registere ability comp of the limited limited liabi	ed office and the busin any, it is hereby confir I liability company or a litty company. Tatel Printed or typed	ess office of the registered med that the change(s) as otherwise provided in name of signee	
	Rajiv Patel Registered Agent and Registered Office shown on the records of 3343 State Road 7 Registered Office Address (MUST BE FLORIDA STREET) Wellington , FI Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address: Tallahassee , FI mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of organization or the operating agreement of the proper and complete the appointment as registered agent and agent of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	Registered Agent and Registered Office shown on the records of the Florida Degrated Agent and Registered Office shown on the records of the Florida Degrated Agent Office Address (MUST BE FLORIDA STREET ADDRESS) Wellington ,FL 33449 Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address 1201 Hays Street NEW Registered Office Address: Tallahassee ,FL 32301 mited liability company is not organized under the laws of the Stange or changes are made, the Florida street address of the registered lil be identical. Or, in the case of a Florida limited liability company and affirmative vote of the members of the limited lies of organization or the operating agreement of the limited liability of organization or the operating agreement of the limited liability of one of all statutes relative to the proper and complete performance gations of my position as registered agent as provided for in Chally reflect a change in the registered office address, I hereby confine writing of this change.	Rajiv Patel Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3343 State Road 7 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Wellington ,FL 33449 Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address: Tallahassee ,FL 32301 mited liability company is not organized under the laws of the State of Florida, it is here age or changes are made, the Florida street address of the registered office and the busin ill be identical. Or, in the case of a Florida limited liability company, it is hereby confire authorized by an affirmative vote of the members of the limited liability company or a forganization or the operating agreement of the limited liability company. Printed or typed your member or authorized representative of a member of all statutes relative to the proper and complete performance of my duties, and I am gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the yreflect a change in the registered office address, I hereby confirm that the limited liability company is not organized.	