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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Radiation Oncology Consulting, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn B. Aust

Name of Person

Lynn B. Aust, PL

Firm/Company

1220 E. Livingston St.

Address

Orlando, FL 32803

City/State and Zip Code

doveattorney@austlaw.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Aust

407

447-5399

Name of Person

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

STATEMENT OF AUTHORITY

I, David Catalano, sole Authorized Member for Radiation Oncology Consulting, LLC (hereinafter "Company"), with the principal address of 11950 County Road 101 105, The Villages, FL, 32162 and mailing address of P.O. Box 951987, Lake Mary, FL 32795, state the authority granted for the following person(s) and position(s):

- 1. David Catalano, sole Authorized Member of the Company, has the sole and absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

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David Catalano, Authorized Member