

11/26/2012 1:58 FAX 417452093

BLALOCK, WALTERS, HELD & JOHNSON, P.A.

01/00

Division of Corporations

Page 1 of 1

L10000055604

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

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FLORIDA CANCER PHYSICIANS NETWORK, LLC

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EXAMINER

11/26/2012 10:58 FAX 9417452093

BLALOCK WALTERS

002/005

Fax Audit #  
(((H12000275874 3)))



November 26, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDA CANCER PHYSICIANS NETWORK, LLC  
3599 UNIVERSITY BLVD SOUTH SUITE 1000  
JACKSONVILLE, FL 32216

SUBJECT: FLORIDA CANCER PHYSICIANS NETWORK, LLC  
REF: L10000055664

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

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Letter Number: 312A00028073

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((( H12000275874 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FLORIDA CANCER PHYSICIANS NETWORK, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 24, 2010 and assigned  
Florida document number L10000055664

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

3201 SOUTHWEST 33RD ROAD

OCALA, FLORIDA 34474

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

BLALOCK WALTERS, P.A.

**New Registered Office Address:**

802 11TH STREET WEST

*Enter Florida street address*

BRADENTON

*City*

Florida 34205

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

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 608, 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.

*Jonathan D. Allec, V.P.*  
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAYANTH RAO, M.D.	3201 SOUTHWEST 33RD ROAD, OCALA, FL 34474	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	SHYAM B. PARYANI, M.D.	3599 UNIVERSITY BLVD. S., #1000, JACKSONVILLE, FL 34216	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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BLALOCK WALTERS

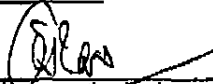
005/005

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 20, 2012



Signature of a member or authorized representative of a member

JAYANTH RAO, M.D., MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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