

L1 0000061840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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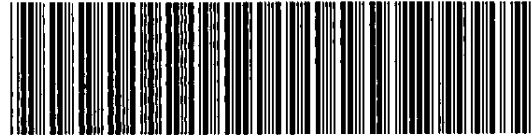
(Business Entity Name)

(Document Number)

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EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL 13 AM 11:48

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Central Florida Oncology Co-Management Company, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip J. Braun

Name of Person

Central Florida Health Alliance, Inc.

Firm/Company

600 East Dixie Avenue

Address

Leesburg, FL 34748

City/State and Zip Code

pbraun@cfhalliance.org

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

For further information concerning this matter, please call:

Philip J. Braun

Name of Person

at ( 352 )

323-5924

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2011 JUL 13 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: Central Florida Oncology Co-Management Company, LLC

2. (a) Principal office address of limited liability company: 600 East Dixie Avenue

(Note: **MUST BE STREET ADDRESS**)

Leesburg, FL 34748 US

(b) Mailing address of limited liability company:

600 East Dixie Avenue

(Note: **MAY BE POST OFFICE BOX**)

Leesburg, FL 34748 US

06/09/2010

3. Date of filing/registration in Florida

L10000061840

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Philip J Braun

Registered Office Address:

940 Lake Shore Drive  
Suite 200  
The Villages FL 32162

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent:

Philip J. Braun

**NEW** Registered Office Address:

301 West Oak Terrace Drive

**(MUST BE FLORIDA STREET ADDRESS)**

Leesburg, FL 34748

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dale E. Hocking  
Signature of a member or authorized representative of a member

Dale E. Hocking, SVP/CFO, AS

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 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.

[Signature]  
Signature of Registered Agent

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