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JAN 25,2012

T. ROBERTS

COVER LETTER

Division of Corporations		
SUBJECT: Registry for Prostate Cancer Radiosurgery Name of Corporation		
DOCUMENT NUMBER: NIIOUWO8799		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Deba Fulman, M) Name of Contact Person		
Firm/Company		
694 8th St. North		
Address		
Naples F 34102 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: Debra Fleman at (239) 262-5768 Name of Contact Person Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Registry for Prostate Cancer Radio Surgery DW. 2. The principal office address: 694 8th St North
Naples, FZ 3410Z
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/15/11 Document number: W1100008799
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Corporate Creations Network, Inc.
Corporate Creations Network, Inc. 11380 Prosperity Farms Road, # 221E
Palm Beach Gardens, Fr 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Debra Freeman, mb 55 3 m
P.O. Box NOT acceptable
P.O. Box NOT acceptable Naples F 34102
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
D. Freeman
Signature of an officer or director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
1/19/12
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name