2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099995

FILED Jan 23, 2008 Secretary of State

Entity Name: RADIATION ONCOLOGY ASSOCIATES OF FT. LAUDERDALE, P.A.

Current Principal Place of Business: New Principal Place of Business:

4725 N. FEDERAL HIGHWAY 4725 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 US

Current Mailing Address: New Mailing Address:

1605 LAKE PKWY LN. 1605 LAKES PKWY, NW LAWRENCEVILLE, GA 30043 LAWRENCEVILLE, GA 30043

US

FEI Number: 32-0031300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

GALLOWAY, AMY 110 SE 6TH STREET 15TH FLOOR

FORT LAUDERDALE, FL 33301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

Name and Address of Current Registered Agent:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name and Address of New Registered Agent:

Title: () Delete Title: (X) Change () Addition

MEDINA, ABDON J MEDINA, ABDON J Name: Name: 4725 N. FEDERAL HIGHWAY 4725 N. FEDERAL HIGHWAY Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33308 City-St-Zip: FT. LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABDON J. MEDINA, M.D. CEO 01/23/2008