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2018 AUG 22 AM II: OU Secretary of State

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COVER LETTER

TO: Amendment Section Division of Corporations

name of corporation: <u>Rachation Chiology</u> Consultants, PA					
DOCUMENT NUMBER:P940000 44 681					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Maneeyn Gossayn Name of Contact Person					
Radiation Oncology Consultants, PA					
2200 West 1st Street Address					
Sarrford, FL 32771 City/ State and Zip Code					
Credentialing @ cancer cave center. md E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Maneeyn Gossain at (407) 3.21 - 3.040 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FI, 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2010 AUG 2:2 AM 11: 04

Radiation Oncology Consul	tants, PA
(Name of Corporation as currently	filed with the Florida Dept. of SISTENE TARY OF STATE
P9400004468	ALLANASSEE, FL
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	VIA
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	'o". A professional corporation name must contain the
B. <u>Enter new principal office address</u> , if <u>applicable</u> : (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the N/A
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
"	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent.—I am familiar w	u/ ho ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u> PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Richard J. Lee	2200 West 1st Street
X Add			Sanford, FL32771
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

.,	cles, enter change(s) he (Be specific)	NVA
	,	
<u></u>		
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f an amendment provides for an exch- provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, on ndment if not contained	r cancellation of issued shares, in the amendment itself:
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: date this document was signed.	July 1, 2018	, if other than the
Effective date if applicable:	July 1,2018 (no more than 90 days after amendment file day	
	(no more than 90 days after amendment file day	te)
Note: If the date inserted in this block does r document's effective date on the Department of	not meet the applicable statutory filing requireme State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the ar	nendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting	e shareholders through voting groups. The follow group entitled to vote separately on the amendm	ing statement ent(s):
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
hy		
(vo.	(ing group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shar	eholder
DatedSignature	2018	
(By a director, pres	ident or other officer – if directors or officers have orporator – if in the hands of a receiver, trustee, or	
	Marteesty Gossain Typed or printed name of person signing) (Title of person signing)	Precident