

P95000081229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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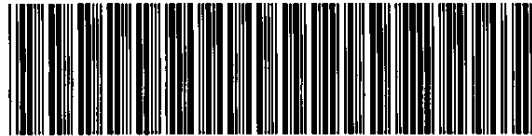
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06 MAY 15 AM 9:01

RECEIVED

FILED
06 MAY 15 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5/15/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH FLORIDA RADIATION ONCOLOGY ASSOCIATES, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P5000081229

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:

Emily S. Waugh
(Name of Contact Person)

Ausley & McMullen
(Firm/Company)

227 South Calhoun Street
(Address)

Tallahassee, Florida 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily S. Waugh at (850) 425-5428
(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: North Florida Radiation Oncology Associates, P.A.
2. The principal office address: 1300 Miccosukee Road, Department of Radiation Oncology
Tallahassee, Florida 32308
3. The mailing address (if different): P. O. Box 14446
Tallahassee, Florida 32317-4446
4. Date of incorporation/qualification: 10/23/1995 Document number: P95000081229
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Intrastate Registered Agent Corporation

701 Brickell Avenue

Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Emily S. Waugh

227 South Calhoun Street


(P.O. Box NOT acceptable)

Tallahassee, FL 32301-1805

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TALLAHASSEE, FLORIDA


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.

 5-5-6
(Signature of an officer or director)

Timothy W. Bolek, M.D., President
(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.


(Signature of Registered Agent)

5-12-06

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)