

P98000104904

THOMAS M. EGAN	
CHARTERED	
LAWYER	
City/St	915 S.E. 17TH STREET OCALA, FLORIDA 34471

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 -06/21/99--01163--002
 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Amend
6-23-99
MJS*

FILED
 JUN 21 PM 4:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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ARTICLES OF AMENDMENT
FLORIDA REGIONAL CANCER CARE, INC.

FLORIDA REGIONAL CANCER CARE, INC. submits these Articles of Amendment pursuant to Florida Statute 607.187, amending the Articles filed by the Corporation on December 15, 1998, as follows:

ARTICLE VII: BOARD OF DIRECTORS--The number of Directors of the Corporation shall be not less than one (1) nor more than ten (10).

The foregoing amendment was adopted by the officers, directors, and shareholders of the Corporation by unanimous consent on JUNE 2, 1999.

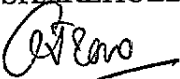
IN WITNESS WHEREOF, the undersigned officers and shareholders of the Corporation have executed these Articles of Amendment this 2 day of JUNE, 1999.




DIRECTOR/SHAREHOLDER



DIRECTOR/SHAREHOLDER



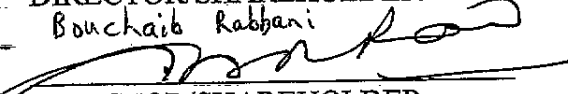
DIRECTOR/SHAREHOLDER



DIRECTOR



DIRECTOR/SHAREHOLDER



DIRECTOR/SHAREHOLDER



DIRECTOR/SHAREHOLDER

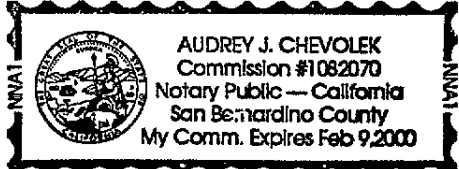
99 JUN 21 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
 County of San Bernardino
 On June 3, 1999 before me, Audrey J. Chevolek, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
 personally appeared Thunthen Algarai
Name(s) of Signer(s)

personally known to me – OR – proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Audrey J. Chevolek
Signature of Notary Public

OPTIONAL

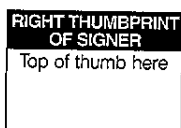
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Articles of Amendment Florida Regional
Career Care, Inc.
 Document Date: 6-2-99 Number of Pages: _____
 Signer(s) Other Than Named Above: _____

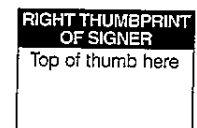
Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Individual
 Corporate Officer
 Title(s): _____
 Partner — Limited General
 Attorney-in-Fact
 Trustee
 Guardian or Conservator
 Other: _____



Signer Is Representing:

Signer's Name: _____
 Individual
 Corporate Officer
 Title(s): _____
 Partner — Limited General
 Attorney-in-Fact
 Trustee
 Guardian or Conservator
 Other: _____



Signer Is Representing:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907.

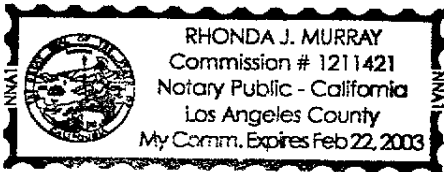
State of California

County of Los Angeles

On June 03, 1999 before me, Rhonda J. Murray/Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Yallapragada S. Rao
NAME(S) OF SIGNER(S)

personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ she/they executed the same in ~~his~~ her/their authorized capacity(ies), and that by ~~his~~ her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Rhonda J. Murray
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER

TITLE(S)

- PARTNER(S) LIMITED
- ATTORNEY-IN-FACT GENERAL
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

Articles of Amendment
Florida Regional Cancer Care

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

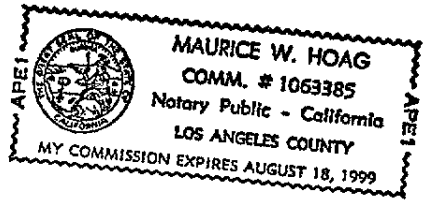
DATE OF DOCUMENT

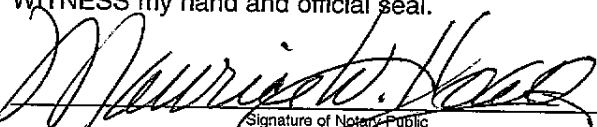
SIGNER(S) OTHER THAN NAMED ABOVE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIFORNIA
 County of Los Angeles
 On June 2, 1999 before me, MAURICE W. HOAG - NOTARY PUBLIC
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
 personally appeared BOUCHAIB RAABANI - AMBAL AKADIR - ALAM NM SYED - ZABULLA
Name(s) of Signer(s) 34 ED

personally known to me - **OR** - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: ARTICLES OF AMENDMENT FLORIDA REGIONAL CANCER CARE INC
 Document Date: June 2, 1999 Number of Pages: 1
 Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Individual
 Corporate Officer
 Title(s): _____
 Partner — Limited General
 Attorney-in-Fact
 Trustee
 Guardian or Conservator
 Other: _____

RIGHT THUMBPRINT OF SIGNER
 Top of thumb here

Signer Is Representing:

Signer's Name: _____

Individual
 Corporate Officer
 Title(s): _____
 Partner — Limited General
 Attorney-in-Fact
 Trustee
 Guardian or Conservator
 Other: _____

RIGHT THUMBPRINT OF SIGNER
 Top of thumb here

Signer Is Representing:

STATE OF Florida
COUNTY OF Citrus

I HEREBY CERTIFY that on this day before me personally appeared JAYANTH G-RAO MA, to me known to be the individuals described in and who executed the foregoing Articles of Amendment for the above-named Corporation, and they acknowledged before me that they executed the same for the purposes expressed therein, and did not take an oath. WITNESS my hand and official seal at Ocala, Florida this 8th day of June, 1999.

Kristin J. Morton
Notary Public

