## 1. V56129

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALL AHASSEF FLORID.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ONCOLOGY & RADIATION ASSOCIATION	TES, P.A.
(Name of Corporation	on)
DOCUMENT NUMBER: V56129	,
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	ollowing:
CHARLES GAMBLE, PARALEGAL	
(Name of Contact Per	rson)
K&L GATES	
(Firm/Company)	•
200 SOUTH BISCAYNE BLVD., SUITE	3900
(Address)	
MIAMI, FLORIDA 33131	
(City/State and Zip C	ode)
For further information concerning this matter, please call:	
CHARLES GAMBLE at ( 3	305 \ 539-3307
(Name of Contact Person)	305 ) 539-3307 Area Code & Daytime Telephone Number)
E   12 02500   1   1   1   1   1   1   1   1   1	
Enclosed is a \$35.00 check made payable to the Department of	State.
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: ONCOLOGY & RADIATION ASSOCIATES, P.A.
	office address: 9350 S.W. 72ND STREET, SUITE 200, MIAMI, FLORIDA 33173
<del> </del>	· · · · · · · · · · · · · · · · · · ·
3. The mailing ac	Idress (if different): 200 SOUTH BISCAYNE BLVD., SUITE 3900, MIAMI, FLORIDA 33131
4. Date of incorp	oration/qualification: 08/05/1992 Document number: V56129
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	WILLIAM J. SPRATT, JR.
	200 S. BISCAYNE BLVD., 20TH FLOOR
	MIAMI, FLORIDA 33131
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of lice of
	WILLIAM J. SPRATT, JR.
	200 SOUTH BISCAYNE BLVD., SUITE 3900
	(P.O. Box NOT acceptable) MIAMI, FLORIDA 33131
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signatu	Parapar (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
W	gram 6/2/08
. <	hatthe of Registered Agent) (Date)
it signing on bei	half of an entity:
(T	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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