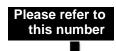


Contract Invoice

DATE 11/03/2016

Varian Medical Systems 660 N McCarthy Blvd Milpitas, CA 95035 Telephone: (650) 424-5816 Fax: (702) 940-4915

PAGE 1 OF 1



E-mail: receivables@varian.com

330031

N 21ST CENTURY ONCOLOGY LLC TEST ACCOUNTS PAYABLE & JOE BISCARDI V 2234 COLONIAL BLVD, BOX 50 FORT MYERS FL 33907

S 330031

H 21ST CENTURY ONCOLOGY LLC TEST
ACCOUNTS PAYABLE & JOE BISCARDI
P 2234 COLONIAL BLVD, BOX 50
FORT MYERS FL 33907

| CUSTOMER PURCHASE ORDER | | | | DICE NUMBER |
|-------------------------|------------------|-------------|---------|-------------|
| test123 | | | 2488373 | |
| PRIORITY | Sales Order Date | Sales Order | | P.O. Date |
| | 11/03/2016 | 40181467 | | |

REMIT TO:

Varian Medical Systems, Inc. c/o 910210 PO Box 4090 STN A Toronto, ON M5W 0E9

SOLD TO: 330031

GST/HST # 86037 4107 RT0001

FED I.D. No. 942359345

| PAYMENT TERMS: Due upon Receipt of Invoice | | | DELIVERY NOTE: | | | | |
|--|----------------------------|-------------|----------------|---------------|---------------------|---------------------|--------------|
| CARRIER | CURRENCY | FREIGHT T | TERMS | TRADE TE | | | GROSS |
| | USD | | | FOB: Des | tination | | 0 |
| MANIFEST | WAYBILL | TYPE | BY | REFERENCE NUM | MBER | TAX CD | REP |
| | | | FJULLIAN | | | 1 | US Onc Svc S |
| LINE ITEM | PART NUMBER DESCRIPTION | | | Unit Price | Shipped Quantity | Balance On Order | AMOUNT |
| | OMINI QUOTE:2015-10366-1 | 1 | | | | | |
| 000010 | CLINAC | | | | 1.00 | | 0.00 |
| | GENERIC CLINAC | | | | | | |
| | Equipment number: GENE | ERIC CLINAC | | | | | |
| | Settlement period from: 07 | 7/01/2017 | to: | | | | |
| | Sales tax: | | | | | | 60.00 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Sales Tax: | | | | 60.00 |
| | | INVOICE | E TOTAL IN USD | | | | -60.00 |
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JAMES A HALEY VETERANS HOSPITAL 13000 BRUCE B. DOWNS BLVD TAMPA, FL 33612 Date Printed: 3/27/2017 11:12 AM

| Nork Order Information | | | | | | |
|------------------------|------------------------------------|----------------|--------------|--|--|--|
| Case Number | 00672446 Work Order Number | | WO-00714893 | | | |
| P.O. Number | Number Field Engineer Chad Carlson | | Chad Carlson | | | |
| Machine Information | Machine Information | | | | | |
| Installed Product | H290369 | Product Name | CLINAC-23EX | | | |
| Beam Hours | | Filament Hours | | | | |
| Exposure Counter Hours | | | | | | |

Problem Description

TEST

Work Performed Comments

TEST

Follow Up Comments

| Work Order Times | | | | | | |
|--------------------|------------------|-------------------|---|--|--|--|
| Time In | Time Out | Malfunction Start | Machine Release Time 10/21/2016 19:00 | | | |
| 10/12/2016 09:30 | 01/31/2017 09:05 | 10/21/2016 18:28 | | | | |
| Total Travel Hours | Total Work Hours | Total Site Hours | Agreed Downtime | | | |
| 0.08 | 0.58 | 0.5 | | | | |

| Work Details | Vork Details | | | | | |
|------------------|--------------|---------------|----------------|--------------------|------|------------------|
| Date | Product | Product Desc. | System Name | Sub-system Name | Time | Activity |
| 10/12/2016 09:30 | H290369 | CLINAC-23EX | USER INTERFACE | MONITORS | 0.02 | Information |
| 01/31/2017 07:00 | H290369 | CLINAC-23EX | OTHER | OTHER | 0.08 | STB modification |
| 01/31/2017 08:05 | H290369 | CLINAC-23EX | USER INTERFACE | MONITORS | 0.08 | Configure |
| 01/31/2017 08:10 | H290369 | CLINAC-23EX | USER INTERFACE | MONITORS | 0.08 | PMI |
| 01/31/2017 08:15 | H290369 | CLINAC-23EX | USER INTERFACE | MONITORS | 0.08 | STB modification |
| 01/31/2017 08:20 | H290369 | CLINAC-23EX | USER INTERFACE | PRINTER | 0.08 | Inspection |
| 01/31/2017 09:00 | H290369 | CLINAC-23EX | USER INTERFACE | DEDICATED KEYBOARD | 0.08 | STB modification |

Parts Installed / Removed

| Part Number | Part Name | QTY | Source | I/R |
|-------------|---------------------------|-----|--------|------------|
| 7199693800 | SW,FLOW,FLUID,SPDT,4 GPM; | 1 | V | Installing |
| 7199693800 | SW,FLOW,FLUID,SPDT,4 GPM; | 1 | V | Installing |

Customer is responsible for all calibration verifications

| Customer Signature: | Date: | |
|---------------------|-------|--|
| FE Signature: | Date: | |

WO-00714893 Service Report Page 1 of 1



JAMES A HALEY VETERANS HOSPITAL 13000 BRUCE B. DOWNS BLVD TAMPA, FL 33612 Date Printed: 3/27/2017 11:12 AM

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| 01/31/2017 07:00 | H290369 | CLINAC-23EX | OTHER | OTHER | 0.08 | STB modification |
| 01/31/2017 08:05 | H290369 | CLINAC-23EX | USER INTERFACE | MONITORS | 0.08 | Configure |
| 01/31/2017 08:10 | H290369 | CLINAC-23EX | USER INTERFACE | MONITORS | 0.08 | PMI |
| 01/31/2017 08:15 | H290369 | CLINAC-23EX | USER INTERFACE | MONITORS | 0.08 | STB modification |
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WO-00714893 Service Report Page 1 of 1



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WO-00714893 Service Report Page 1 of 1