

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000041382 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222~1092

Phone

Fax Number

: (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

e+ Florida Comprehensive Cancer Carc, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu MAS

Help

FEB 2 4 2009

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	V COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTE IMPLED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
t.	e*Florida Comprehensive Cancer Care, LLC (Name of Foreign Limited Liability Company, must metude "Limited Liability Company," "L.L.C.," or "LLC.	11/	
	(Tiguing as conducting and and and combined the state of the combined and combined as the conduction of the conduction o	• •	
CO	f name unavailable, enter alternate mane adopted for the purpose of transacting business in Plorida and attach a copy ment of the managers or managing members adopting the alternate name. The alternate name must include "Limits ompany," "L.L.C.," "LLC.")		
	Teanessee		
-,	(Jurisdiction under the law of which foreign funited liability (FEI number, if applicable) company is organized)		
4.	Occober 10, 2008 5, perpetual		
.,	(Date of Organization) (Duration: Year limited liability company will consist or "perpetual")	nse to	
б.	upon registration (Date first transacted business in Florida, If prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)		
7.	104 Waadmont Blvd., Stille 500		
	Nashville, TN 37203	_ _	
	(Street Address of Principal Office)	250	09
8.	If limited liability company is a manager-managed company, check here	品	09 FEB
9.	The name and usual business addresses of the managing members or managers are as follows:	HISSA Affil	23
		<u> </u>	3
		-콜콜	ch db
		웃교	6
tren tren	Attended is en original certificate of existence, no more than 90 days old, duly authenticated by the official having custody jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual salation of the certificate under onth of the translator must be submitted.)	हिंद' ध १, वर्ष १, ६८०१ द्या	ร กับ
11.	Nature of business or purposes to be conducted or promoted in Florida: manage a comprehensive		
	cancer ence center	<u> </u>	
	Signature of a member or an authorized representative of a member, the accordance with section 608.408(31, F.S., the execution of this document constitutes on affirmation under the penalties of applicy that the facts stated herein are true?		
	Jerry Eyler		
	Tuned by bribled name of signer		

pjima - awazasaa o o syyaan Oelog

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Co	unbarth iz:			
e+ Florida Compre	hensive Cancer Care, LLC				
if name unavails	able, the alternate name t	to be used in the state	of Florida is:		
2. The name and	d the Florida street addre	us of the registered a	gent and office are:		
		C T Corporation System		•	
•		(Name)			
	1200 South Pine Island Road				
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	F1	33324	HATY ARSAA	
·		City/State/Zip		برن د ک _{بنا} ک	
liability company agent and agree to relating to the pro obligations of my	ed as registered agent an at the place designated it o act in this capacity. I fi oper and complete perfort position as registered og T Curporation System	n this certificate, I her urther agree to comply mance of my duties, ar ent as provided for in	eby accept the appointment with the provisions of and I am familiar with and Chapter 608, Florida Sta	ent as regist ate d" Il statules I accept the	
uy.	(Signature)	Hardley Asst. Secre	icas y	•	
,	\$ 100.0 \$ 25.0 \$ 30.0 \$ 5.0	Designation of F Certified Capy (logistered Agent optional)		

Secretary of State Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 01/21/2009 REQUEST NUMBER: 6424-1246 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/10/2008 STATUS: ACTIVE CORPORATE EXPIRATION DAYE: PERPETUAL CONTROL NUMBER: 0588142 JURISDICTION: TENNESSEE

TO: BOULT CUMMINGS CONNERS & BERRY 1680 DIVSION ST SUITE 700 NASHVILLE. TH 37203

REQUESTED BY:
30ULT CUMMINGS CONNERS & BERRY
1600 DIVSION ST
SUIYE 700
NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I. THE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "E+ FLORIDA COMPREHENSIVE CANCER CARE, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL PEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID; THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT THE MOST RECENT LIMITED HAVE NOT BEEN FILED; AND THAT ARYICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/21/09

RECEIVED: 4500.00

***0.00**

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: DOOD4515002 ACCOUNT NUMBER: Q0000413

PROM: BOULT CUMMINGS CONNERS & BERRY PLC P.O. BOX 340026 NASHVILLE, IN \$7203-0000

SECRETARY OF STATE