

Florida Department of State  
Division of Corporations  
Public Access System

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

09 FEB 23 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

e+ Florida Comprehensive Cancer Care, LLC

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

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Corporate Filing Menu

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M. THOMAS

FEB 24 2009

EXAMINER

RECEIVED

09 FEB 23 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(FBI number, if applicable)

(Duration: Year limited liability company will cease to exist or "perpetual")

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

(Street Address of Principal Office)

9. The name and usual business addresses of the managing members or managers are as follows:

### CANCER CASE SERIES

Typed or printed name of signee

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**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.

1. The name of the Limited Liability Company is:

et Florida Comprehensive Cancer Care, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL

33324

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

C T Corporation System

By: Terence Hardley Terence Hardley Asst. Secretary  
(Signature)

|           |                                  |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application       |
| \$ 25.00  | Designation of Registered Agent  |
| \$ 30.00  | Certified Copy (optional)        |
| \$ 5.00   | Certificate of Status (optional) |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 DATE: PERPETUAL  
CONTROL NUMBER: 0508192  
JURISDICTION: TENNESSEE

TO:  
BOULT CUMMINGS CONNERS & BERRY  
1600 DIVISION ST  
SUITE 700  
NASHVILLE, TN 37203

REQUESTED BY:  
BOULT CUMMINGS CONNERS & BERRY  
1600 DIVISION ST  
SUITE 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 FEES, 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 ARTICLES 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

FROM:  
BOULT CUMMINGS CONNERS & BERRY PLC  
P.O. BOX 340026  
NASHVILLE, TN 37203-0000

|                         | FEES        |          |
|-------------------------|-------------|----------|
| RECEIVED:               | \$500.00    | \$0.00   |
| TOTAL PAYMENT RECEIVED: |             | \$500.00 |
| RECEIPT NUMBER:         | 00004515002 |          |
| ACCOUNT NUMBER:         | 00000415    |          |



SS-4438

*Le Hargett*  
TRE HARGETT  
SECRETARY OF STATE