A95000001007

OFFICE USE ONLY (Document #)

CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD
TALLAHASSEE, FL 32303
(904) 222-2666

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 PM 1:17

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. Lawnwood Regional Cancer Center Limited Partnership
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

200001535812
-07/12/95--01001--003
*****17.50 *****17.50

200001535812
-07/12/95--01001--004
*****17.50 *****17.50

☑ Walk in ☑ Pick up time 07-3 1:00 ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
✓	Limited Partnership
	Reinstatement
	Trademark
	Other

200001535812
-07/12/95--01001--005
*****70.00 *****70.00

C. TAX
FILING 70.00
R. AGENT FEE 35.00
C. COPS
CERTIF 1.25.00
N. BANK
BALANCE DUE
REFUND

7/3/95
Examiner's Initials BK

CR2E031(9/92)

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Lawnwood Regional Cancer Center Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. Florida East Coast Cancer Treatment Center, 1231 North Lawnwood Circle,
(Business address of Limited Partnership) Ft. Pierce, Florida 34950

3. Corporate Access, Inc.
(Name of Registered Agent for Service of Process)

4. 1116-D Thomasville Rd., Tallahassee, Florida 32303
(Florida street address of Registered Agent)

5. X [signature] (Danny Bennett, President)
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 2171 Sandy Drive, State College, PA 16803
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is 8/10/2023.

8. Name of general partner(s): F95000023346 Specific address:

Oncology Services Corporation of Lawnwood	2171 Sandy Drive, State College, PA 16803

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Signed this 12th *day of* May, *19* 95.

Signature of all general partners:

[signature]
General Partner
Douglas R. Colkitt, M.D.

General Partner

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of Lawnwood Regional Cancer Center Limited Partnership *, a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ 10,000 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 10,000 .

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FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

ONCOLOGY SERVICES
CORPORATION OF LAWNWOOD
By: _____
General Partner
Douglas R. Colkitt, M.D.

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

This 12th day of May, 19 95 .

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership: **LAWNWOOD REGIONAL CANCER CENTER LIMITED PARTNERSHIP**

1a. DOCUMENT # **A95000001007**

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Office Address
2171 SANDY DRIVE	1231 NORTH LAWNWOOD CIRCLE
STATE COLLEGE PA 16803	FT. PIERCE FL 34950

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
07/03/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to Date	6. FEI Number
$10,000.00		25-1716087

7. CERTIFICATE OF STATUS REQUIRED — Applied For / Not Applicable
$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CORPORATE ACCESS, INC. 1116-D THOMASVILLE ROAD TALLAHASSEE FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL — Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ONCOLOGY SERVICES CORPORATIO	2171 SANDY DRIVE	STATE COLLEGE PA 1680	F95000002346

AR- $70.00
SF. $138.75
Cert- 8.75
1-3-96 CW

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12-4-95

Type or Printed Name of General Partner Signing Form: Douglas R. Colkitt — Telephone Number: (814) 238-0375

CR2EOC3 (6/95)

0012468

A95000001007

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032 Pzzuto

REFERENCE : 402506 4334907

AUTHORIZATION Patricia Pzzuto

COST LIMIT : $ 35.00

ORDER DATE : May 23, 1997

ORDER TIME : 9:29 AM

500002189615--9

ORDER NO. : 402506

CUSTOMER NO: 4334907

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
P.O. Box 550
One Park Plaza
Nashville, TN 37202

FILED
97 MAY 23 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: LAWNWOOD REGIONAL CANCER CENTER LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

+ Add'l CRPG 5/23

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provision of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LAWNWOOD REGIONAL CANCER CENTER LIMITED PARTNERSHIP
Name of the limited partnership

2. JULY 03, 1995
Date of filing/registration in Florida

3. A95000001007
Document number assigned

4. The name and address of the present registered agent and office:

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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TALLAHASSEE, FLORIDA

5. The name and street address of the successor registered agent and office (P.O. Box not acceptable)

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

Such change was authorized by the general partners.
LAWNWOOD REGIONAL MEDICAL CENTER, INC.

By: _____ 5-22-97
Signature of General Partner — Date

Stephen T. Braun, Senior Vice President

Having been named as registered agent and to accept service of process for the above stated limited partnership 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Corporation Service Company

By: _____ 5-23-1997
Registered Agent signature — Date

Karen B. Rozar, As Its Agent

Filing Fee: $35.00

Division of Corporations

INHSE004(3/95)