

# F9500001091

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

11/01/01 14:23:21  
03/07/01 01:01:00  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: Passmore Mobile Home Transit, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jim C. Passmore  
(Name of Person)  
Passmore Mobile Home Transit, Inc.  
(Firm/Company)  
506 S. Dixie Hwy., P O Box 355  
(Address)  
Cave City, Ky. 42127  
(City, State and Zip Code)

506-7 872:21  
mk

Should you need to call someone concerning this matter, please call:

Jim C. Passmore at ( 502 ) 773 - 2621  
(Name of Person) Area Code & Daytime Telephone Number

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Passmore Mobile Home Transit, Incorporated  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Kentucky 3. 61-1207088  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-14-91 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. In the near future  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. P. O. Box 355  
Cave City, Ky. 42127  
(Current mailing address)

8. Mobile Home Carrier  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

**9. Name and street address of Florida registered agent:**

Name: Sol H. Proctor

Office Address: 1101 Blackstone Building

Jacksonville, Florida, 32202  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.*

Sol H. Proctor  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### A. DIRECTORS

Cave City, Ky. 42127

Cave City, Ky. 42127

14. Jin C. Passmore  
(Typed or printed name and capacity of person signing application)



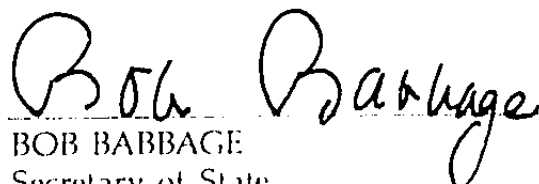
OFFICE OF THE SECRETARY OF STATE  
**CERTIFICATE OF EXISTENCE  
DOMESTIC CORPORATION**

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, PASSMORE MOBILE HOME TRANSIT, INC.

\_\_\_\_\_ is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is OCTOBER 14, 1991 ; and whose period of duration is PERPETUAL .

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 13TH day of FEBRUARY , 19 95 .

  
BOB BABBAGE  
Secretary of State  
Commonwealth of Kentucky

# F95000001791



1116 D Thomasville Road  
Mount Vernon Square  
Tallahassee, Florida 32301  
(904) 222-2666  
(904) 222-1666 (Fax)  
(800) 949-1666

GLINDA P. BENNETT  
Personal Representative

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01/11/01 BY 60322 UCBAW

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ONCology Services Corporation of TAMPA, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_ W99-5544  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 3-13 10:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten:* W9 3/13  
*Stamp:* 03 APR 13 PM 3:06  
 RECEIVED  
 03 APR 13 PM 3:06  
 03 APR 13 PM 3:06



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 13, 1995

CORPORATE ACCESS, INC

SUBJECT: ONCOLOGY SERVICES CORPORATION OF TAMPA, INC.  
Ref. Number: W95000005544

We have received your document for ONCOLOGY SERVICES CORPORATION OF TAMPA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 995A00011115

*will wait*

*Corrected*  
*(E)*

*Thanks Gilda*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. ONCOLOGY SERVICES CORPORATION OF TAMPA, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE  
(State or country under the law of which it is incorporated)
3. 25-1757957  
(FEI number, if applicable)
4. NOVEMBER 23, 1994  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 2171 SANDY DRIVE  
STATE COLLEGE, PA 16803  
(Current mailing address)
8. To provide technical services to support a cancer treatment facility.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:

Name: CORPORATE ACCESS, INC.

Office Address: 1116 D THOMASVILLE ROAD, MT. VERNON SQUARE

TALLAHASSEE, Florida, 32303  
(Zip Code)

## 10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.*

*Shirley Bennett, Jr.*  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 12. Names and addresses of officers and/or directors:

## A. DIRECTORS

Chairman: DOUGLAS R. COLKITTAddress: 2171 SANDY DRIVE  
STATE COLLEGE, PA 16803Vice Chairman: DOUGLAS R. COLKITTAddress: 2171 SANDY DRIVE  
STATE COLLEGE, PA 16803Director: DOUGLAS R. COLKITTAddress: 2171 SANDY DRIVE  
STATE COLLEGE, PA 16803

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: DOUGLAS R. COLKITTAddress: 2171 SANDY DRIVE  
STATE COLLEGE, PA 16803

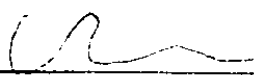
Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: DOUGLAS R. COLKITTAddress: 2171 SANDY DRIVE  
STATE COLLEGE, PA 16803Treasurer: DOUGLAS R. COLKITTAddress: 2171 SANDY DRIVE  
STATE COLLEGE, PA 16803

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

DOUGLAS R. COLKITT, PRESIDENT

(Typed or printed name and capacity of person signing application)



State of Delaware

Page 1

Office of the Secretary of State

...  
DELAWARE, THE DELEGATES TO THE CONVENTION OF THE CONFEDERATION OF  
STATES, AND THE DELEGATES TO THE CONFERENCE UNDER THE CALL OF THE STATE OF  
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE  
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE  
NINTH DAY OF MARCH, A.D. 1905.

RECEIVED  
SECRETARY OF STATE  
MARCH 13 PM 6:08



*Edward J. Friel*

Edward J. Friel, Secretary of State

1455228 8300

950052011

AUTHENTICATION

1455228

DATE

03-09-05