

FROM : GRACE NORWICH
Division of Corporations

FAX NUMBER : 561-3491

DATE : 3/29/99 3:38 PM P1

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Florida Department of State
Division of Corporations
Public Access System
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From:
Account Name : GRACE NORWICH CPA
Account Number : I19990000092
Phone : (561) 844-9806
Fax Number : (561) 689-1131

LIMITED LIABILITY COMPANY

CANCER CENTERS OF THE PALM BEACHES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	5 02 4
Estimated Charge	\$125.00

FROM : GRACE NORWICH CPA
3307487-5013

FAX NO. : 5618634913
03/30/00 13:56 F1 Dept of State

p1 /i

Mar. 30 2000 03:39PM P2



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 30, 2000

GRACE NORWICH CPA

SUBJECT: CANCER CENTERS OF THE PALM BEACHES, LLC
REF: W00000008454

RECEIVED
MAR 30 11 5:00
KATHARINE HARRIS
SECRETARY OF STATE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 (850) 487-6094.

Agnes Lunt
Document Specialist

FAX Aud. #:
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FROM : GRACE NORWICH CPA

FAX NO. : 5618634913

Mar. 30 2000 03:39PM P3

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ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF CANCER CENTERS OF THE PALM BEACH, LLC.

Pursuant to section 608.407, F.S., Limited Liability Company Law

ARTICLE I:

The name of the limited liability company is:

CANER CENTERS OF THE PALM BEACHES, LLC.

ARTICLE II:

The Mailing address and the street address of the principal office of the limited liability company is:

1851 Oak Berry Circle,
Wellington, FL 33414

ARTICLE III:

The name and Florida street address of the limited liability company's registered agent is:

Adam Bader
1851 Oak Berry Circle,
Wellington, FL 33414

ARTICLE IV:

The limited liability company is to be managed by **four managers**.

Grace Norwich, CPA
3017 Exchange Court, Suite H
West Palm Beach, FL 33409
Tel: (561)689-0899
Fax: (561)689-1131
(((H00000013900 6)))

03 MAR 30 PM 5:00

FROM : GRACE NORWICH CPA

FAX NO. : 5618634913 Mar. 30 2000 03:39PM P4

(((H000000013900 6)))

ARTICLE VI

This effective date of this Articles of Organization is: **29th day of March, 2000.**

In Witness Whereof, this articles have been subscribed this 29th day of March, 2000, by the undersigned who affirms that the statements made herein are true under penalties of perjury.

Adam Bader
(signature)

Adam Bader, Manager
Name of signer

Grace Norwich, CPA
3017 Exchange Court, Suite H
West Palm Beach, FL 33409
Tel: (561)689-0899
Fax: (561)689-1131
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10 MAR 30 PM 5:00
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Mar 30 11:50:00

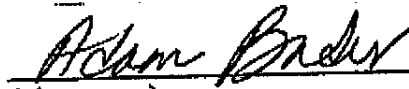
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is : CANCER CENTERS OF THE PALM BEACHES, LLC.
2. The name and address of the registered agent and office is:

ADAM BADER
1851 OAK BERRY CIRCLE,
WELLINGTON, FL 33414

Having been named as registered agent and to accept service of process for the above stated corporation 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.


(signature)

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