

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LOO 000009370

Gulf Breeze Pinellas
Oncology Associates, LLC

100003346591--4
-08/04/00--01056--008
****160.00 ****160.00

- Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File Cert **FILED**
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
☒ Cert. Copy _____
Photo Copy _____
☒ Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____
- FILED**
00 AUG -1 PM 2:39
TALLAHASSEE FLORIDA
LOO-9370
8/4

"Please"
Signature

Requested by: CD
Name 8/4/00 Date 2:17 Time
Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION
OF

GULF BREEZE PINELLAS ONCOLOGY ASSOCIATES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

GULF BREEZE PINELLAS ONCOLOGY ASSOCIATES, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

3850 Tampa Road
Palm Harbor, Florida 34684

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is:

Peter A. Napolitano, Esq.
7617 Little Road
New Port Richey, Florida 34654

Having been named as the 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, F.S.


Peter A. Napolitano, Esq.
Registered Agent

ARTICLE IV - MANAGEMENT (Check box if applicable.)



The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA