Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

: CORPORATE & CRIMINAL RESEARCH SERVICES Account Name

Account Number : 110450000714 : (850) 222-1173 Phone Fax Number : (850)224-1640

LIMITED LIABILITY COMPANY

SURGICAL ONCOLOGY GROUP, L.L.C.

0
1
02
\$155.00

ARTICLES OF ORGANIZATION OF SURGICAL ONCOLOGY GROUP, L.L.C.

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is Surgical Oncology Group, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4306 Alton Road Miami Beach, Florida 33140

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Registered Agent:

The name and address of the registered agent for service of process in the state shall de:

CorpDirect Agents

103 North Meridian Street

Lower Level

Tallahassee, Florida 32301

Vanette O'Donnell

Authorized Signatory

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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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: SURGICAL ONCOLOGY GROUP,
- The name and address of the registered agent and office is:

CorpDirect Agents
103 North Meridian Street
Lower Level
Tallahassee Florida 32301

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and the undersigned is familiar with and accepts the obligations of his position as registered agent.

CORPDIRECT AGENTS

Print Name: Cynthia A. Hicks

Print Title: As it's agent for CorpDirect

Agents

Dated: January 241, 2001

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