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**LIMITED LIABILITY COMPANY**  
**INDEPENDENT ONCOLOGY NETWORK, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**

**FOR**

**INDEPENDENT ONCOLOGY NETWORK, LLC**

**A Florida Limited Liability Company**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

Independent Oncology Network, LLC

**ARTICLE II - Address**

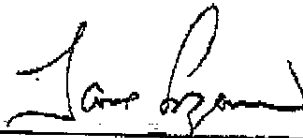
The mailing address and street address of the principal office of the Limited Liability Company is:

1100 N.W. 95<sup>th</sup> Street, Cancer Center  
Miami, FL 33150

**ARTICLE III - Initial Registered Agent and Office**

The name of the initial registered agent and the Florida street address of the initial registered office is:

Jaime Lozano, M.D.  
1100 N.W. 95<sup>th</sup> Street, Cancer Center  
Miami, FL 33150



\_\_\_\_\_  
Signature of Jaime Lozano, M.D., Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Independent Oncology Network, LLC

2. The name and the Florida street address of the registered agent are:

Jaime Lozano, M.D.  
1100 N.W. 95<sup>th</sup> Street, Cancer Center  
Miami, FL 33150

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*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, 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, Florida Statutes.*

By: \_\_\_\_\_

Jaime Lozano, M.D., Registered Agent

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