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Division of Corporations

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## Florida Department of State

Division of Corporations

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

COASTAL ONCOLOGY, PLC

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## ARTICLES OF ORGANIZATION OF COASTAL ONCOLOGY, PLC

The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, and the Professional Service Corporation Limited Liability Company Act, Chapter 621, *Florida Statutes*, hereby executes the following Articles of Organization.

### ARTICLE I NAME

The name of the Limited Liability Company is **COASTAL ONCOLOGY, PLC.**

### ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is **41 Shadow Creek Way, Ormond Beach, Florida 32174.**

### ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is **Paul M. Dodd, III, 41 Shadow Creek Way, Ormond Beach, Florida 32174.**

### ARTICLE IV PURPOSE

This is a professional limited liability company organized to practice medicine and all members shall be licensed physicians.

**IN WITNESS WHEREOF**, the undersigned Members have executed these Articles of Organization on this 20th day of March, 2003.

Paul M. Dodd, III

**PAUL M. DODD, III, Member**

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 20th day of March, 2003, by **PAUL M. DODD, III** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a \_\_\_\_\_ drivers license or ☐ \_\_\_\_\_ as identification.



Kristin L. Strother  
Notary Public  
Kristin L. Strother  
(Printed Name)  
My Commission Expires:

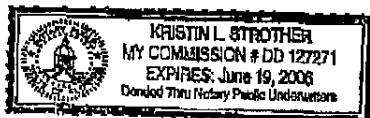
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*Christopher L. Alexander*

**CHRISTOPHER L. ALEXANDER,**  
Member

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of March, 2003, by **CHRISTOPHER L. ALEXANDER** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a \_\_\_\_\_ drivers license or ☐ \_\_\_\_\_ as identification.



*Kristin L. Strother*  
Notary Public

*Kristin L. Strother*  
(Printed Name)

My Commission Expires:

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FLORIDA

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*Kathleen B. Doughney*  
**KATHLEEN B. DOUGHNEY, Member**

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of March, 2003, by **KATHLEEN B. DOUGHNEY** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a \_\_\_\_\_ drivers license or ☐ \_\_\_\_\_ as identification.



*Kristin L. Strother*  
Notary Public

*Kristin L. Strother*  
(Printed Name)

My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, *Florida Statutes*.



**PAUL M. DODD, III**  
Registered Agent

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