

LD 3000017718

(Requestor's Name)

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(City/State/Zip/Phone #)

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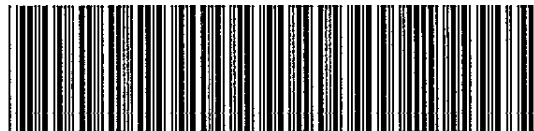
(Business Entity Name)

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03 MAY 16 AM 10:25

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keys Cancer Care Associates, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gloria D. Frelix MD
(Name of Person)

Keys Cancer Care Associates
(Firm/Company)

P.O. Box 3847 ← Zip 33045 (For P.O. Box)

5900 College Road
(Address)

Key West Florida 33040
(City/State and Zip Code)

W03-11365

For further information concerning this matter, please call:

Gloria D. Frelix MD 305, 296-0021
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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03 MAY 16 AM 10:25



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 21, 2003

GLORIA D. FRELIX, M.D.
KEYS CANCER CARE ASSOCIATES, LLC
PO BOX 3847
KEY WEST, FL 33045

SUBJECT: KEYS CANCER CARE ASSOCIATES, LLC
Ref. Number: W03000011365

We have received your document for KEYS CANCER CARE ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the company in Article I, and the mailing address and principal office address in Article II.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 503A00024110

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03 MAY 16 AM 10:26



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 6, 2003

GLORIA D. FRELIX, M.D.
KEYS CANCER CARE ASSOCIATES, LLC
PO BOX 3847
KEY WEST, FL 33045

SUBJECT: KEYS CANCER CARE ASSOCIATES, LLC
Ref. Number: W03000011365

We have received your document for KEYS CANCER CARE ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for completing Articles I and II and correcting your registered agent information. You must still provide the signature of a member or authorized representative of a member, as requested in our previous letter.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 503A00027848

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Keys Cancer Care Associates, L

ARTICLE II - Address:

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

213 Golf Club Drive
P.O. Box 2847
Key West, Florida 33040

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Gloria Felix, M.D.
Name
213 Golf Club Drive
Florida street address (P.O. Box **NOT** acceptable)
Key West, Florida 33040
City, State, and Zip

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, F.S.

Gloria Felix, M.D.
Registered Agent's Signature

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03/11/10
10:26

(An additional article must be added if an effective date is requested)

Timothy C. Summers
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.)

Timothy C. Summers
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)