

W03000018461

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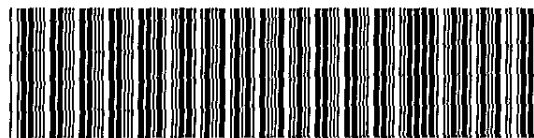
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TALLAHASSEE, FLORIDA

W03-18461
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 103328 10463A

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 155.00

ORDER DATE : May 22, 2003

ORDER TIME : 10:53 AM

ORDER NO. : 103328-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.S. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: RADIATION ONCOLOGY SPECIALISTS
OF THE PALM BEACHES, LLC

EFFECTIVE DATE: MAY 16, 2003

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115
EXAMINER'S INITIALS:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
RADIATION ONCOLOGY SPECIALISTS OF THE PALM BEACHES, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is RADIATION ONCOLOGY SPECIALISTS OF THE PALM BEACHES, LLC.

ARTICLE II

This limited liability company shall become effective on MAY 16, 2003, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 1 Portage Landing So., North Palm Beach, FL 33408. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is KENNETH J. SCHERER, 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408.

ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and, therefore, a member-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 16th day of May, 2003.

16 - 1 - 16 #7
SUNDERAM K. SHETTY, M.D.
Member

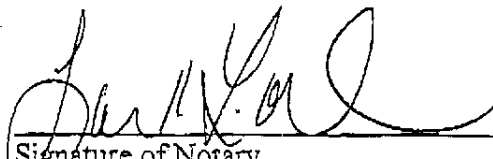
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03 MAY 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 16th day of May, 2003, by SUNDERAM K. SHETTY, M.D., who is personally known to me or who has produced Florida State Driver's License Number X/A as identification and who did () or did not (X) take an oath.

Executed this 16th day of May, 2003. _____

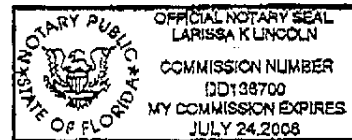


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



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TALLAHASSEE, FLORIDA

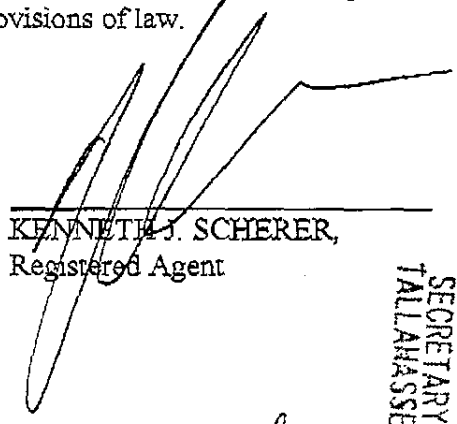
**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

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.

That RADIATION ONCOLOGY SPECIALISTS OF THE PALM BEACHES, LLC, a Florida limited liab company, with its office at 1 Portage Landing So., North Palm Beach, FL 33408, has named KENNETH J. SCHERER at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408, as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

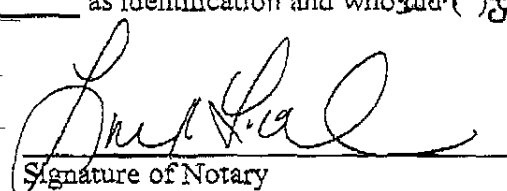

KENNETH J. SCHERER,
Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 16th day of May, 2003 by KENNETH J. SCHERER, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who ☒ did not ☐ take an oath.

Executed this 16th day of May, 2003.


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:

LLCarticlesRadiationOncology,inc

