

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E041 (10/08)

DOCUMENT # L03000031950

1. Limited Liability Company's Name

SOUTH FLORIDA ONCOLOGY-HEMATOLOGY LEASING, LLC

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2. Principal Office Address - No P.O. Box #
1150 North 35th Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

City & State

City & State

Hollywood, FL

Zip
33021

Country
USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Michael H. Greenhawt

Street Address (P.O. Box Number is Not Acceptable)

1150 North 35th Avenue

Suite, Apt. #, Etc.

330

City

State

Zip Code

Hollywood

FL

33021

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent /s/ MICHAEL H. GREENHAWT

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael H. Greenhawt	1150 North 35th Avenue Suite 330	Hollywood, FL 33021

REINSTATEMENT 2007-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

11/3/2009