

L04 000 039155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

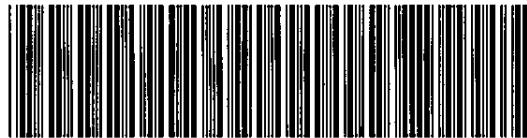
(Business Entity Name)

(Document Number)

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14 OCT -6 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Community Cancer Center of Lake City, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip A. DeLaney

Name of Person

Scruggs & Carmichael, P.A.

Firm/Company

4041 NW 25th Place Suite B

Address

Gainesville, FL 32606

City/State and Zip Code

delaney@scruggs-carmichael.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Kay O'Steen

at (

352

Area Code

416-3496

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Community Cancer Center of Lake City, LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L04000039155

THIRD: The street address of the limited liability company's principal office is:

4520 U.S. Highway 90

Lake City, FL 32055

The mailing address of the limited liability company's principal office is:

431 Porpoise Point Drive

St. Augustine, FL 32084

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Paul Schilling

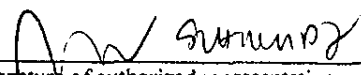
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Paul Schilling

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA


Signature of authorized representative

Paul Schilling
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)