

LD4 000084041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

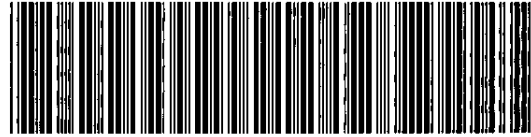
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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED HEMATOLOGY AND ONCOLOGY CENTERS, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

VICTOR W. MELGEN, MD

(Contact Person)

ADVANCED HEMATOLOGY AND ONCOLOGY CENTERS

(Firm/Company)

765 IMAGE WAY

(Address)

ORANGE CITY, FL 32763

(City/State and Zip Code)

For further information concerning this matter, please call:

FLORA E. MELGEN

(Name of Contact Person)

at (407) 314-5805

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ADVANCED HEMATOLOGY AND ONCOLOGY CENTERS, LLC
2. This limited liability company was organized under the laws of:
FLORIDA
3. The Florida document/registration number of this limited liability company is:
L04000084041
4. I, SANTOSH NAIR, MD, hereby resign as a MANAGER/MEMBER
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA

Exhibit D

Resignations

The undersigned hereby resigns as an employee, officer, member and manager, as applicable, of Advanced Hematology and Oncology Centers, LLC, a Florida limited liability company, and Enterprise Medical Office, LLC, a Florida limited liability company, and from any and all other positions, if any, held by such person with either such company, effective as of the Termination Effective Date (as defined in that certain Settlement Agreement and Mutual Release dated on or about the date hereof among the undersigned, Advanced, Enterprise and Victor Melgen, M.D. (the "**Settlement Agreement**").

These resignations are made pursuant to the Settlement Agreement.

APRIL 11


Santosh Nair, M.D., individually

DATED: **March** __, 2011