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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

; GRAY, HARRIS & ROBINSON, P.A. - ORLANDO Account Name Account Number : 120010000078

, phome ax Monuper (407)843-8880 (407) 244~5690

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LIMITED LIABILITY COMPANY

JS Cancer Center Holdings, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABULITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JS Cancer Center Holdings, LLC.

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ARTICLE II - Address:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is JAN 20 A 10: 41

301 South Lake Street Leesburg, Florida 34748 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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

Hal Jacobson Name

301 South Lake Street Florida street address (P.O. Box NOT acceptable)

Leesburg Florida 34748 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..

ure Hai Jacobson

Article IV - Management (Check bby if applicable.

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Article V - Withdrawal of a Member:

As provided in the Company's Operating Agreement, a Member (the "Withdrawing Member") may withdraw from the Company only in accordance with the terms of the Company's Operating Agreement. The Withdrawing Member shall not be entitled to receive the "fair value" (within the meaning of Section 608.427 of the Act) of the Withdrawing Member's Interest in the Company as of the effective date of withdrawal based on the Withdrawing Member's right to share in distributions from the Company. Instead, the Withdrawing Member shall be entitled to receive the amounts, if any, set forth in the Company's Operating Agreement.

Hal Martin Jacobson Family Trust

Signature of agen mber 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 penaltics of perjury that the facts stated herein are true.)

<u> Hal Jacobson</u>

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) S. 5.00 Certificate of Status (OPTIONAL)