

L05000023117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

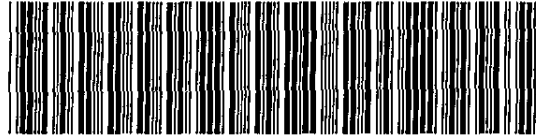
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05 MAR -8 PM 2:32
TALLAHASSEE, FLORIDA

FILED
05 MAR -8 AM 10:42
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 243573 4802897

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 125.00

FILED
05 MAR - 8 PM 2:32
TALLAHASSEE FLORIDA
SECRETARY OF STATE

ORDER DATE : March 7, 2005

ORDER TIME : 10:22 AM

ORDER NO. : 243573-005

CUSTOMER NO: 4802897

CUSTOMER: Darren Kelly
Garfunkel Wild & Travis

Suite 503
111 Great Neck Rd.
Great Neck, NY 11021-5405

DOMESTIC FILING

NAME: NAPLES PET, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
05 MAR - 8 PM 2:32
TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Naples PET, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2400 Tamiami Trail North, Suite 400

Naples, FL 34103

Mailing Address:

2234 Colonial Boulevard

Fort Myers, FL 33907

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FLORIDA 32301

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, Florida Statutes..

Corporation Service Company

BY: Deborah D Skipper

Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Anchor Health Centers, Inc.

1100 5th Avenue South, Suite 201

Naples, FL 33940

MGR

21st Century Oncology, Inc.

2234 Colonial Boulevard

Fort Myers, FL

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member 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 penalties of perjury that the facts stated herein are true.)

By: Darren Kelly

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)

\$ 5.00 Certificate of Status (Optional)