

L05000024109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

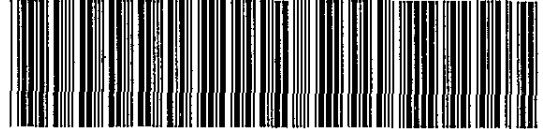
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/05--01025--025 **130.00

FILED
05 MAR -9 PM 12:04
STATE OF
TALLAHASSEE
FLORIDA

500047953785



March 7, 2005

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

Dear Registration Section:

Healthcare Facilitators has been requested by Florida Cancer Consultants LLC to forward the attached Articles of Organization as well as check for \$130.00.

Upon execution, please forward Certificate of Status to our office.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette".

Fran LaVallette
Facilitator

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Cancer Consultants LLC

ARTICLE II - Address:

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

Principal Office Address:

873 Sterthaus Avenue

Suite 104

Ormond Beach, FL 32174

Mailing Address:

873 Sterthaus Avenue

Suite 104

Ormond Beach, FL 32174

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

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

Michael J Kelley MD

Name

873 Sterthaus Avenue Suite 104

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

Ormond Beach

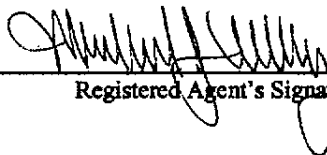
32174

FLORIDA

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature

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

MGR

MGRM

Name and Address:

Michael J Kelley MD

6 Eagle Rock Trail

Ormond Beach, FL 32174-4307

Rama Balaraman MD

1551 Crown View Drive Apt 811

Ormond Beach FL 32174-0655

(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.)

Micael J Kelley MD

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)

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TALLAHASSEE, FLORIDA