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To:

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From:

Aug. P. Davis, Esq.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MIAMI BRACHYTHERAPY ASSOCIATES, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
MIAMI BRACHYTHERAPY ASSOCIATES, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Miami Brachytherapy Associates, LLC**

ARTICLE II: - Address

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

c/o Leonard Toonkel, M.D.
Mount Sinai Medical Center
Comprehensive Cancer Center
4300 Alton Road
Miami Beach, Florida 33140

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

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

American Information Services, Inc.
One Southeast Third Avenue, 28th FL
Miami, Florida 33131

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.

American Information Services, Inc.



Nancy C. Toledo, Assistant Secretary
Registered Agent



Marshall R. Burack, Esq.
Authorized Representative of a Member

Signed and dated this 3rd day of August, 2006.

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