

LD7000004496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

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MAIL

(Business Entity Name)

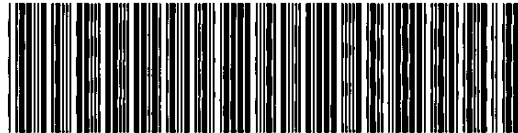
(Document Number)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FAHS & NYSTRAND, LLC

Law Office  
2709-4 Killarney Way  
Tallahassee, FL 32309

Inga G. Fahs-Gielisse  
Attorney at Law  
Inga@igfahs.com

Tel. (850) 894-7077  
Cell. (850) 545-9800  
Fax (850) 894-1559

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Radiation Oncology of West Florida, LLC

The enclosed Articles of Organization and fees are submitted for filing.

*Please return all correspondence concerning this matter to the following:*

Inga G. Fahs-Gielisse  
Fahs & Nystrand, LLC  
Law Office  
2709-4 Killarney Way  
Tallahassee, FL 32309

For further information concerning this matter, please call:

Inga G. Fahs-Gielisse  
at (850) 894-7077

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER**

**ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
RADIATION ONCOLOGY OF WEST FLORIDA, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **Radiation Oncology of West Florida, LLC** ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

101 South 12th Street, # 601  
Tampa, Florida 33602

Mailing Address:

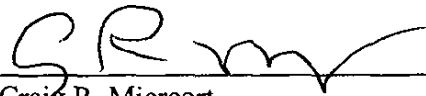
101 South 12th Street, # 601  
Tampa, Florida 33602

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Craig R. Miercort  
101 South 12th Street  
Tampa, Florida 33602

*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..*

  
Craig R. Miercort

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Craig R. Miercort  
101 South 12th Street  
Tampa, Florida 33602

#### ARTICLE V - OTHER MATTERS


The general nature of the business to be transacted and carried on by this limited liability company and its objects and purposes are to conduct any and all lawful business consistent with the provisions hereinafter set out or provided and it shall have all the powers conferred by the laws of the State of Florida upon business limited liability companies as fully and to the same extent as natural persons might or could do in all parts of the world, namely:

To establish, carry on, conduct maintain and otherwise operate a professional medical practice for profit.

The foregoing provisions shall be construed as objects in furtherance and not in limitation of the general powers conferred by the laws of the State of Florida and the enumeration in these Articles of specific powers and objects shall not be held to limit or restrict in any manner the powers of this limited liability company but this limited liability company may do all and everything necessary, suitable or proper for the accomplishment of any purpose or object, either along or in association with other limited liability companies, corporations, companies, partnerships, proprietorships or individuals, to the same extent and as fully as individuals might or could do as principals, agents, contractors or otherwise.

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TALLAHASSEE, FLORIDA

**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.)

Craig R. Miercort  
\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA