## L07000089533

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
1/	Office Use Onl	v



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FILED 07 AUG 31 PM 12: 16 BECRETARY OF STATE LLAHASSEE FISTATE



ACCOUNT NO. : 072100000032		
REFERENCE: 195371 4802897		
AUTHORIZATION:		
COST LIMIT: 185.00		
ORDER DATE : August 30, 2007		
ORDER TIME : 4:31 PM		
ORDER NO. : 195371-005		
CUSTOMER NO: 4802897		
DOMESTIC FILING		
NAME: PALMETTO RADIATION ONCOLOGY		
CENTER, 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: Doreen Wallace - EXT. 2928		
EXAMINER'S INITIALS:		

	2 1
RTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMBANY
ARTICLE I - Name:	THE STATE OF THE S
The name of the Limited Liability Company	ia:
Palmetto Radiation Oncology Center,	rrc
(Must end with the words "Limited Li	lability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2001 West 68th Street	2234 Colonial Boulevard
Hileah, Florida 33016	Fort Myers, FL 33907
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:
21st Century Palmetto	LLC
Nati	
2234 Colonial Boulev	vard address (P.O. Box <u>NOT</u> acceptable)
Fort Myers	FL 33907
City, State	e. 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..

Registered Agent's Signature (REQUIRED)

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(CONTINUED)
Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** 21st Century Palmetto, LLC 2234 Colonial Boulevard Fort Myers, FL 33907 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Darren Kelly, authorized representative Typed or printed name of signee Filling Fees:

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

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)