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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FRANK H. FEE, III, ESQUIRE
Account Number : I19990000154
Phone : (772) 461-5020
Fax Number : (772) 468-8461

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RAD ONC GROUP OF VERO BEACH, LLC

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| Certificate of Status | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAD ONC GROUP OF VERO BEACH, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5550 South US Highway 1
Fort Pierce, FL 34982

Mailing Address:

P O Box 880429
Port St. Lucie, FL 34988

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FRANK H. FEE, IV, ESQUIRE

Name

500 Virginia Avenue, Suite 200

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

Fort Pierce, FL 34982

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, F.S.



Registered Agent's Signature (REQUIRED)

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Page 1 of 2

(((H08000145410 3)))

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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:

MGRM

WILLIAM F. CROOK, M.D.

2545 SW Mayacoo Way

Palm City, FL 34980

MGRM

RAMESH T. KUMAR, M.D.

11168 Lands End Chase

Port St. Lucie, FL 34986

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(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.)

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.)

FRANK H. FEE, IV, ESQUIRE, Authorized Representative

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
 of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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