

LU800000 93538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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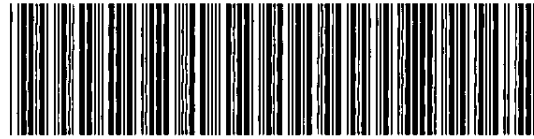
(Business Entity Name)

(Document Number)

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08 OCT - 2 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08 OCT - 2 PM 1:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

OCT - 2 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 744744 7667894

AUTHORIZATION

COST LIMIT : \$ 160.00

FILED  
08 OCT -2 PM 4:35  
TALLAHASSEE, FLORIDA

ORDER DATE : October 2, 2008

ORDER TIME : 1:28 PM

ORDER NO. : 744744-005

CUSTOMER NO: 7667894

DOMESTIC FILING

NAME: SW FLORIDA DERM-RAD MANAGEMENT  
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SW Florida Derm-Rad Management, 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:**

2234 Colonial Boulevard

Fort Myers, FL 33907

**Mailing Address:**

2234 Colonial Boulevard

Fort Myers, Florida 33907

**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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..*

Corporation Service Company

BY: 

Registered Agent's Signature (REQUIRED)

**Kimberly B. Moret**  
as its agent

(CONTINUED)

Page 1 of 2

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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

Daniel E. Dosoretz, M.D.

2234 Colonial Boulevard

Fort Myers, Florida 33907

MGR

David N.T. Watson

2234 Colonial Boulevard

Fort Myers, Florida 33907

MGR

Jeffrey A. Pakrosnis

2234 Colonial Boulevard

Fort Myers, Florida 33907

MGR

James H. Rubenstein, M.D.

2234 Colonial Boulevard

Fort Myers, Florida 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.)

**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.)

David N.T. Watson

Typed or printed name of signee

**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)