

LO9UW117490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

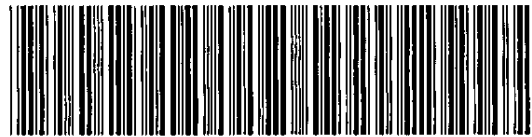
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800163223418

12/11/09--01001--009 **125.00

NOT RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2009 DEC 10 PM 3:37

09 DEC 10 PM 4:29

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

DEC 10 2009

EXAMINER



UCC FILING & SEARCH SERVICES, INC.
1574 Village Square Blvd Ste 100
Tallahassee, Florida 32309
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

December 10, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Mid-Florida Oncology II, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 10 PM 4:29

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 10 PM 4:29

**ARTICLES OF ORGANIZATION
OF
MID-FLORIDA ONCOLOGY II, LLC**

ARTICLE I - NAME

The name of the limited liability company is **MID-FLORIDA ONCOLOGY II, LLC**.

ARTICLE II - ADDRESS

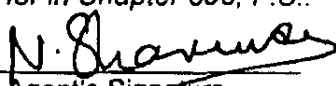
The mailing address and the street address of the principal office of the Limited Liability Company is 1848 Redwood Grove Terrace, Lake Mary, FL 32746.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

NEERAJ SHARMA, M.D.
1061 Medical Center Drive, Suite 110
Orange City, FL 32763

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 property and complete performance of my duties, and I am familiar with, and accepts the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

ARTICLE IV - MANAGEMENT

The Company is to be a member-managed company.

ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

ARTICLE VI - MEMBER(S):

The name and address of each Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Member	Gregory L. Ortega 803 Westove Place Sanford, FL 32771
Member	Rene Cabeza 719 Treeline Place Sanford, FL 32771
Member	Peter Selassie 383 Vista Oaks Drive Longwood, FL 32779
Member	Neeraj Sharma 1848 Redwood Grove Terrace Lake Mary, FL 32746

IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the 10 day of December, 2009.



Neeraj Sharma, M.D., 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.)

STATE OF FLORIDA
COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 10 day of December, 2009 by Neeraj Sharma, M.D., who is ☒ personally known to me OR ☐ not personally known to me and has produced a valid Florida driver's license as identification.



Notary Public - State of Florida

My Commission Expires: 9/17/2013

