

L10000086314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

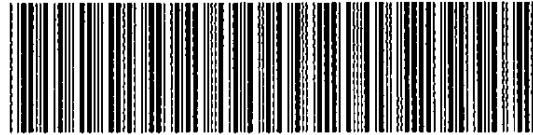
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
AUG 17 2010
EXAMINER

FILED
10 AUG 17 PM 2:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 17 PM 2:16

CONTACT: KATIE WONSCH

DATE: 08/17/2010

REF. #: 000177.130584

CORP. NAME: WEST MARION RADIATION, LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 536208 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 17 PM 2:16

**ARTICLES OF ORGANIZATION
OF
WEST MARION RADIATION, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **WEST MARION RADIATION, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I --- Name:

The name of the Limited Liability Company is:

WEST MARION RADIATION, LLC

ARTICLE II --- Address:

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

4031 Upper Creek Drive
Sun City Center, Florida 33573

ARTICLE III --- Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV --- Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

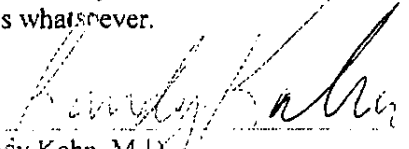
Randy Kahn, M.D.
4031 Upper Creek Drive
Sun City Center, Florida 33573

ARTICLE V --- Management:

The Limited Liability Company will be a member-managed company.

ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.

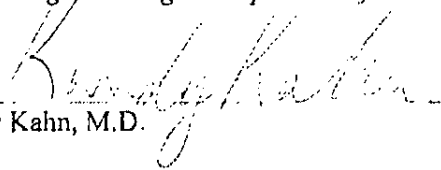


Randy Kahn, M.D.
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

WEST MARION RADIATION, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.


Randy Kahn, M.D.

Dated: August 17, 2010