

U12 000049914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

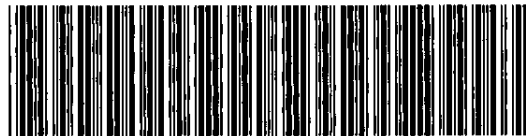
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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APR 12 2012

EXAMINER

MICHAEL WING, MD
WING HOLDINGS, LC
12993 SOUTHERN BLVD, SUITE A
LOXAHATCHEE, FL 33470
mwingmd@hotmail.com
(561) 784-9008
FAX: (561) 784-0905

Monday, April 09, 2012

Florida Department of State
REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

Dear Department of State:

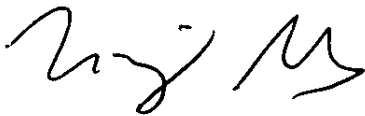
This is a cover letter stating my intentions for creation of a new LLC as of April 9, 2012

I am enclosing copies of:

ARTICLES OF ORGANIZATION for CENTER FOR BREAST AND PROSTATE CANCER OF THE PALM
BEACHES, LLC

If you have questions, please call me OR Sandy Fusco (Office Manager) at (561) 784-9008. I look forward
to hearing from you soon.

Sincerely,



MICHAEL WING, MD

ENCLOSURES

2012 APR 11 PM 10:56
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTER FOR BREAST AND PROSTATE CANCER OF THE PALM BEACHES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL K. WING, MD

Name of Person

WING HOLDINGS, LC

Firm/Company

12993 SOUTHERN BLVD, SUITE A

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

mwingmd@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Fusco, Office Manager

at (**561**)

784-9008

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2012 APR 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MW

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENTER FOR BREAST AND PROSTATE CANCER OF THE PALM BEACHES, 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:

PALMS WEST RADIATION THERAPY
12993 SOUTHERN BLVD, SUITE A
LOXAHATCHEE, FL 33470

Mailing Address:

PALMS WEST RADIATION THERAPY
12993 SOUTHERN BLVD, SUITE A
LOXAHATCHEE, FL 33470

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:

MICHAEL WING, MD

Name

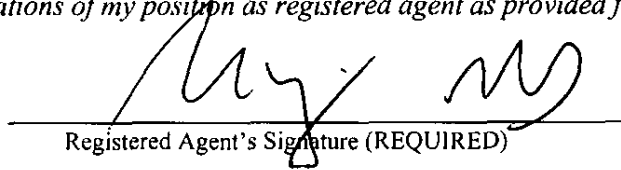
12993 SOUTHERN BLVD, SUITE A

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

LOXAHATCHEE FL 33470

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)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MICHAEL WING, MD

12993 SOUTHERN BLVD, SUITE A

LOXAHATCHEE, FL 33470

MGR

KENNETH WING, MD

309 N MANGOUSTINE AVE

SANFORD, FL 32771

MGR

ANNETTE WING

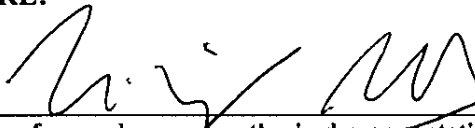
309 N MANGOUSTINE AVE

SANFORD, FL 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 9, 2012. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MICHAEL WING, M.D.

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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