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EXAMINER

MICHAEL WING, MD  
WING HOLDINGS, LC  
12993 SOUTHERN BLVD, SUITE A  
LOXAHATCHEE, FL 33470  
[mwingmd@hotmail.com](mailto: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

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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**

Name of Person

at ( **561** ) **784-9008**

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

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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

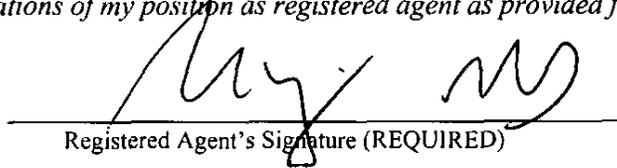
12993 SOUTHERN BLVD, SUITE A

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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TALLAHASSEE, FLORIDA

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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

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 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)

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TALLAHASSEE, FLORIDA

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