

L12000065240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

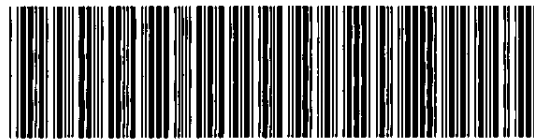
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MAY 15 2012

EXAMINER



800234982178

RECEIVED
12 MAY 14 PM 4:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
INTERNATIONAL AREA

12 MAY 14 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 203502 4375305

AUTHORIZATION :

Spurlockman

COST LIMIT : \$ 125.00

12 MAY 14 AM 10:51
RECEIVED
CORPORATION SERVICE COMPANY

ORDER DATE : May 14, 2012

ORDER TIME : 4:02 PM

ORDER NO. : 203502-005

CUSTOMER NO: 4375305

DOMESTIC FILING

NAME: CANCER CENTER OF SOUTH
FLORIDA MANAGEMENT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cancer Center of South Florida Management, LLC

Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
12 MAY 14 AM 10:51

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

Please return all correspondence concerning this matter to the following:

Victoria A. Neil

Name of Person

Foley & Lardner, LLP

Firm/Company

111 Huntington Ave, Suite 2500

Address

Boston, MA 02199

City/State and Zip Code

vneil@foley.com

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

For further information concerning this matter, please call:

Victoria A. Neil

Name of Person

at (617) 226-3148

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cancer Center of South Florida 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:

4801 South Congress Avenue

Suite 201

Lake Worth, FL 33461

Mailing Address:

4801 South Congress Avenue

Suite 201

Lake Worth, FL 33461

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:

Steven L. Schwarzberg ; Schwarzberg & Associate
Name

222 Lakeview Avenue, Suite 210

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

West Pal Beach FL 33401

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.

Steve Schwarzberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Abraham Schwarzberg, M.D.

4801 South Congress Avenue, Suite 201

Lake Worth, FL 33461

MGR

Talya Schwarzberg, M.D.

4801 South Congress Avenue, Suite 201

Lake Worth, FL 33461

MGR

Daniel Boss, M.D.

136 Jupiter Lakes Blvd

Jupiter, FL 33485

(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. 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.)

ABRAHAM SCHWARZBERG

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)