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Division of Corporations

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Division of Corporations
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From: Account Name : SMITH HULSEY & BOSEY
Account Number : 075030000653
Phone : (904) 359-7700
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Email Address: interk@floridaprostate.com

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TRANSACTION REPORT

P. 01

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From: Account Name : SMITH WILSON & BOBBY
Account Number : 07503000659
Phone : (904) 359-7700
Fax Number : (904) 359-7722

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Email Address: ntark@floridapostate.com

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**ARTICLES OF ORGANIZATION
OF
FPS RADIATION ONCOLOGY, LLC**

The undersigned organizer, who is the authorized representative of FPS Radiation Oncology, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of the Company is FPS Radiation Oncology, LLC.


ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office and the mailing address of this Company are 4501 Shirley Avenue, Jacksonville, Florida 32210.

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are Mitchell Terk, M.D., 4501 Shirley Avenue, Jacksonville, Florida 32210.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 26 day of December, 2012.



Mitchell D. Terk, M.D.
Member

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**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, FPS RADIATION ONCOLOGY, LLC, A FLORIDA LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is FPS Radiation Oncology, LLC.
2. The name and the Florida street address of the registered agent and office are Mitchell Turk, M.D., 4501 Shirley Avenue, Jacksonville, Florida 32210.

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Mitchell D. Turk, M.D.

Date: December 26, 2012

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