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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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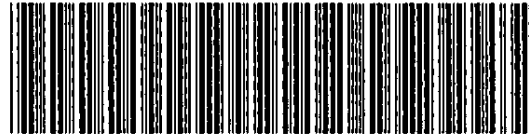
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 26 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SFM Oncology IV, 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:

Monica Wallace

Name of Person

McDermott Will & Emery, LLP

Firm/Company

227 W. Monroe, Suite 4400

Address

Chicago, IL 60606

City/State and Zip Code

mwallace@mwe.com

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

For further information concerning this matter, please call:

Monica Wallace

Name of Person

at (**312**) **984-7757**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
OF
SFM ONCOLOGY IV, LLC

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TALLAHASSEE, FLORIDA

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

ARTICLE I — Name:

The name of the Limited Liability Company is:

SFM Oncology IV, LLC

ARTICLE II — Address:

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

3343 State Road 7
Wellington, Florida 33449

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:

Ravi Patel
3343 State Road 7
Wellington, Florida 33449

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company and the managing member is South Florida Medicine, LLC.

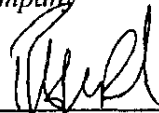
ARTICLE VI — Effective Date:

These Articles of Organization shall be effective upon filing.

* * * * *

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 22 day of April, 2013.

SFM Oncology IV, LLC, a Florida limited liability company

By: 

Name: Ravi Patel

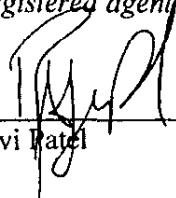
Title: Managing Director of South Florida Medicine, LLC, Managing Member of the Limited Liability Company

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TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SFM Oncology IV, 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, Florida Statutes.



Name: Ravi Patel

Dated: April 23, 2013

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