

APR/15/2014/TUE 09:03 AM

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Fax Audit Number (H14000089657 3)

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000089657 3))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHERIDAN HEALTHCORP, INC.  
Account Number : I20000000045  
Phone : (954) 838-2769  
Fax Number : (954) 851-1780

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: adriana.tejeda@shcr.com

RECEIVED

14 APR 15 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Radiation Oncology Services of Jupiter Medical Spec**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

APR 16 2014

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Fax Audit Number (H14000089657 3)

**ARTICLES OF ORGANIZATION OF  
RADIATION ONCOLOGY SERVICES OF JUPITER MEDICAL SPECIALISTS, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is Radiation Oncology Services of Jupiter Medical Specialists, LLC (the "Company").

**ARTICLE II - DURATION**

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

**ARTICLE III - PURPOSE**

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

**ARTICLE IV - PRINCIPAL OFFICE ADDRESS**

The mailing and street address of the principal office of this Company, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

**ARTICLE V - REGISTERED AGENT  
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent at that address is Jay A. Martus.

**ARTICLE VI - MEMBERSHIP**

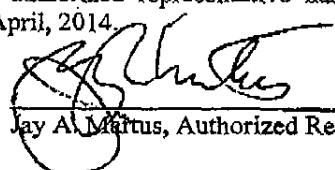
The Company will have a sole Member that will hold all of the units and interests of the Company.

**ARTICLE VII - ORGANIZER**

The name and address of the authorized representative signing these Articles of Organization on behalf of the Company is:

Jay A. Martus  
1613 North Harrison Parkway, Suite 200  
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 15<sup>th</sup> day of April, 2014.

  
Jay A. Martus, Authorized Representative

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**CERTIFICATE DESIGNATING THE ADDRESS  
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

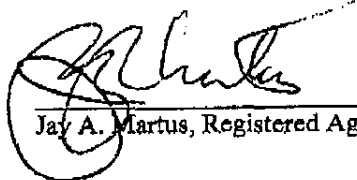
That Radiation Oncology Services of Jupiter Medical Specialists, LLC (the "Company"), desiring to organize under the laws of the State of Florida, has named Jay A. Martus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway  
Suite 200  
Sunrise, FL 33323

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505, Florida Statutes.

Dated this 15<sup>th</sup> day of April, 2014.

  
Jay A. Martus, Registered Agent

FILED  
2014 APR 15 AM 9:18  
CLERK OF DISTRICT COURT  
JULIA ASKE, CLERK