

AUG - 3 1995

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8/03/95

FLORIDA DIVISION OF CORPORATIONS

10:00 AM

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((H95000008515))

TO: DIVISION OF CORPORATIONS

FROM: COHEN, CHASE, HOFFMAN & TRAUTMAN, P.

DEPARTMENT OF STATE

9400 S DADELAND BLVD

STATE OF FLORIDA

SUITE 600

409 EAST GAINES STREET

MIAMI FL 33156-

-0000

TALLAHASSEE, FL 32399

CONTACT: MARY W KURLANSIK

FAX: (904) 922-4000

PHONE: (305) 670-0201

FAX: (305) 670-6152

((H95000008515))

DOCUMENT TYPE: LIMITED LIABILITY COMPANY

NAME: PHYSICIANS' ONCOLOGY NETWORK, L.C.

FAX AUDIT NUMBER: H95000008515

CURRENT STATUS: REQUESTED

DATE REQUESTED: 08/03/1995

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** ENTER 'M' FOR MENU. **

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DIVISION OF CORPORATIONS

95 AUG - 3 PM 1:01

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AUG - 3 - 95 THU 11:57

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ARTICLES OF ORGANIZATION
OF
PHYSICIANS' ONCOLOGY NETWORK, L.C.
a Florida Limited Liability Company

FILED
95 AUG - 3 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a Limited Liability Company pursuant to Chapter 608 of the Florida Statutes, hereby states the following:

Article I

Name

The name of the Limited Liability Company is PHYSICIANS' ONCOLOGY NETWORK, L.C.

Article II

Address

The address of the office and the mailing address of the Limited Liability Company is as follows:

c/o COHEN, CHASE, HOFFMAN & TRAUTMAN, P.A.
9400 South Dadeland Boulevard, Suite 600
Miami, Florida 33156

Article III

Duration

The period of duration for the Limited Liability Company shall be effective as of August 3, 1995, until the first to occur of the following:

- a. Thirty (30) years from the date of filing of these Articles of Organization with the Department of State;
- b. The sale of all or substantially all of the Limited Liability Company's assets;

This instrument prepared by:
Joseph Barry Schimmel, Esquire - FBN 989533
Cohen, Chase, Hoffman & Trautman, P.A.
9400 S. Dadeland Boulevard, Suite 600
Miami, Florida 33156

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c. The election of all the members of the Limited Liability Company to dissolve the Limited Liability Company;

d. Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company (a "Withdrawal Event"), unless the business of the Limited Liability Company is continued by the consent of a majority of the remaining members within ninety (90) days after the Withdrawal Event and there are at least two (2) remaining members; or

e. Any other event causing dissolution of the Limited Liability Company pursuant to the Florida Limited Liability Company Act.

Article IV

Management

a. Management of the Limited Liability Company is to be vested in its members, per capita, until and unless regulations are adopted by the members vesting management in a manager.

b. The names and addresses of the initial members are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Oncology Hematology Group of South Florida, P.A., a Florida professional association	8720 N. Kendall Drive, Suite 210 Miami, Florida 33176 or 7231 S.W. 63rd Avenue South Miami, Florida 33143
Rymer, Zaravinos & Faig, M.D., P.A., a Florida professional association	5700 N. Federal Highway Fort Lauderdale, Florida 33308
The Center for Hematology-Oncology, P.A., a Florida professional association	1000 N.W. 9th Court, Suite 101 Boca Raton, Florida 33486

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Hematology Oncology Association
of the Palm Beaches, P.A., a
Florida professional association

190 John P. Kennedy Drive, # 103
Atlantic, Florida 33462-6671
or
2623 S. Sandcrest Boulevard, # 200
Boynton Beach, Florida 33435-7532

Article V

Registered Agent

The name and address of the registered agent for service of process on the Limited Liability Company is as follows:

Alan R. Chase
c/o COHEN, CHASE, HOFFMAN & TRAUTMAN, P.A.
9400 South Dadeland Boulevard, Suite 600
Miami, Florida 33156

Article VI

Right of Members to Add Additional Members

The members of the Limited Liability shall have the right to admit additional members by an affirmative vote of at least 75% of the members, subject to such terms and conditions as are required by the members or the regulations, if any.

Article VII

Member Rights to Continue Business

The remaining members of the Limited Liability Company shall have the right to continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company upon the consent of a majority of the remaining members within ninety (90) days after the applicable event, provided that there are at least two (2) remaining members.

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The execution of these Articles of Organization by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the undersigned, this 3rd day of August, 1995.

WITNESSES:

Cathy Maxwell
Print Name: Cathy Maxwell

Leigh Meyer
Print Name: Leigh Meyer

ONCOLOGY HEMATOLOGY GROUP OF SOUTH
FLORIDA, P.A., a member
By: Martin Liebiang, M.D.
MARTIN LIEBIANG, M.D.,
authorized representative

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of PHYSICIANS' ONCOLOGY NETWORK, L.C., deposes and says:

1) The above-named limited liability company has at least two members.

2) The total amount of cash contributed by the members is \$10,000.00.

3) If any, the agreed value of property other than cash contributed by members is \$ N/A. A description of the property is attached and made a part hereto.

4) The total amount of cash or property anticipated to be contributed by members is \$ 10,000.00. This total includes amounts from 2 and 3 above.

ONCOLOGY HEMATOLOGY GROUP OF
SOUTH FLORIDA, P.A., a member

By: 
MARTIN LIEBLING, M.D., authorized representative

Signature of a member or authorized representative of a member.
(In accordance with section 606.408(3), Florida Statutes, the execution
of this affidavit constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

AUG- 3-95 THU 12:00

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OF THE FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PHYSICIANS' ONCOLOGY NETWORK, L.C.

2. The name and address of the registered agent and office is:

Alan R. Chase

(Print)

c/o Cohen, Chase, Hoffman & Trautman, P.
2400 South Dadeland Boulevard, Suite 600

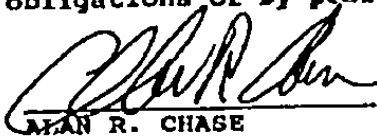
(P.O. Box 225 acceptable)

Miami, Florida 33156

(City/State/Zip)

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95 AUG -3 PM 1:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated limited 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.


ALAN R. CHASE

8/3/95
DATE

12\arcsac\phys_onc.net\pon_art.org

FILE NOW: Fee after May 1, will be \$263.75

**APPROVED
AND
FILED**

1996 MAR 28 PM 3: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Keithman
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000596

PHYSICIANS' ONCOLOGY NETWORK, L.C.
9400 SOUTH DADELAND BLVD.
SUITE 600
MIAMI FL 33156

1a. Principal Place of Business Address

9400 SOUTH DADELAND BLVD.
SUITE 600
MIAMI FL 33156

If at own mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/03/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	65-0620569	5. Date of Last Report
				6. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

~~CHASE ALAN, R-9-100-S.~~
~~DADELAND BLVD.~~
~~SUITE 600~~
~~MIAMI FL 33156~~

8. Name and Address of New Registered Agent

Name
Alan R. Chase, L.L.M. FENCELLI
Street Address (P.O. Box Number is Not Acceptable)
9400 S. Dadeland Blvd., 3447 JOHNSON ST
Suite, Apt. #, etc.
Suite 600
City
Miami HOLLYWOOD Zip Code
FL 33156 35021

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE **John J Fencelli** DATE **3-28-96**

(Registered Agent Accepting Appointment) (FEI) (Temporary Agent to prepare required when reconstituted)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	ONCOLOGY-HEMATOLOGY	3720 N. KENDALL DR. SUITE 2	MIAMI FL 33176
MGR	LEONARD KALMAN, M.D.	3740 300-E	
MEM	RYMER, ZARAVINOS & FAI	5700 N. FEDERAL HIGHWAY	MIAMI FL 33308
MGR	WILLIAM RYMER, M.D.		FORT LAUDERDALE
MEM	THE CENTER FOR HEMATOLOGY	1000 N.W. 9TH COURT SUITE	BOCA RATON FL 33484
MGR	LLOYD BERKOWITZ, M.D.	1633 SOUTH MILITARY TRAIL	DELMON REACH
MEM	HEMATOLOGY-ONCOLOGY	190 JOHN F. KENNEDY DRIVE	ATLANTIS FL 33462
MGR	SURENDRA SIRPAL, M.D.		

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+++238.75 +++238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: **Leonard Kalman, M.D.** (305) 595-2141