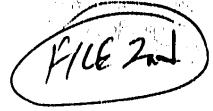
1201 HAYS STREET TALLAHASSEF, FL 32301-2607 THE ACCOUNT NO. 1 072100000032 REFERENCE : 136172 7103418 AUTHORIZATION : COST LIMIT : \$ 285.00 ORDER DATE : October 29, 1996 ORDER TIME : 11:16 AM ORDER NO. : 136172-010 CUSTOMER NO: 7103418 200001989072--0 CUSTOMER: Ms. Page Underwood JENKINS & GILCHRIST Suite 1800 1100 Louisiana Houston, TX 77002 DOMESTIC FILING HEMATOLOGY/ONCOLOGY ASSOCIATES, P.L. NAME: EFFECTIVE DATE: XX___ ARTICLES OF ORGANIZATION __ CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: \ictoria L. Perez EXAMINER'S INITIALS:

> W-23156 KR 10:31 11-6:96





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Octobor 31, 1996

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301-2607

RESUBMIT
Please give original
submission date as file date.

SUBJECT: HEMATOLOGY/ONCOLOGY ASSOCIATES, P.L.

Ref. Number: W96000023156

We have received your document for HEMATOLOGY/ONCOLOGY ASSOCIATES, P.L. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 996A00050185



OF

HEMATOLOGY/ONCOLOGY ASSOCIATES OF JACKSONVILLE, P.L.

A Florida Professional Limited Liability Company

We, the undersigned natural persons of the age of eighteen (18) years or more, who are duly licensed to practice medicine and to render services as such under the laws of the State of Florida, acting as organizers of a professional limited liability company under the Florida Professional Service Corporation and Limited Liability Company Act, the Florida Limited Liability Company Act (the "Act") and the Florida Business Corporation Act, do hereby adopt the following Articles of Organization for such professional limited liability company:

ARTICLE I NAME, ADDRESS, AND REGISTERED AGENT

- Oncology Associates of Jacksonville, P.L. (the "Company"), and the mailing and street address of the principal office of the Company is 3599 University Boulevard, Suite 1200 Jacksonville, Florida 32216.
 - 1.2 Registered Agent and Office. The street address of the Company's initial registered office is 3599 University Boulevard, Suite 1200, Jacksonville, Florida 32216, and the name of its initial registered agent at such address is Jaswant Jadeja, M.D.

ARTICLE II DURATION AND CONTINUITY

- 2.1 Duration. The duration of the Company shall be perpetual. If there are at least two (2) remaining members of the Compan, after 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 Company, the remaining members of the Company shall continue the business of the Company.
- 2.2 <u>Yoluntary Dissolution</u>. The Company shall be voluntarily dissolved solely in accordance with the requirements of this Section. At a special members meeting called for the sole purpose of considering whether to vote on the resolution of the managers recommending to the members the voluntary dissolution of the Company, the members shall consider and vote on whether to vote on the resolution of the managers recommending to the members the voluntary

dissolution of the Company. Notice of the meeting shall be sent to each member, regardless of ability to vote, no less than ten (10) nor more than sixty (60) days before the meeting date. Such notice shall state that the purpose, or one of the purposes of the meeting is to consider dissolving the Company. If less than all the issued and outstanding membership interests are voted in favor of voting on the resolution of the managers recommending to the members the voluntary dissolution of the Company, then the members shall not vote on the resolution of the managers recommending to the members the voluntary dissolution of the Company and, until one year has passed, shall not hold another special members meeting called for the purpose of considering whether to vote on the resolution of the managers recommending to the members the voluntary dissolution of the Company. If all the issued and outstanding membership interests of the Company are voted in favor of voting on the resolution of the managers recommending to the members the voluntary dissolution of the Company, then a second special members meeting, which may be held no earlier than sixty (60) days after the first special members meeting, shall be called to vote on the resolution of the managers recommending to the members the voluntary dissolution of the Company. At the special members meeting called for the sole purpose of considering whether to dissolve the Company voluntarily, the members shall consider and vote on whether to dissolve the Company voluntarily. If less than all the issued and outstanding membership interests are voted in favor of voluntary dissolution of the Company, then the Company shall not be dissolved, and, until one year has passed, the members shall not hold another special members meeting called for the purpose of considering whether to vote on voluntary dissolution of the Company. If all the issued and outstanding membership interests of the Company are voted in favor of voluntary dissolution of the Company, then the Company shall be voluntarily dissolved.

ARTICLE III PURPOSE

The purpose of the Company is to engage in the practice of medicine and to own and hold such property, enter into contracts, and carry on any business useful for, incidental to, necessary for or appropriate for the successful operation of the foregoing activities; provided, however, that professional medical services shall be rendered only through officers, employees, agents, and independent contractors who are duly licensed to practice medicine under the laws of the State of Florida.

The Company may do all and every thing necessary, advisable, proper, or convenient for the accomplishment, attainment, or furtherance of any of the purposes or objectives set forth in these Articles of Organization or any amendment thereof, and to do all other things incident thereto or connected therewith, which are not forbidden by the Florida Professional Service Company and Limited Liability Company Act, the Act, or otherwise by law, or by these Articles of Organization.

The foregoing paragraphs shall be construed as enumerating both objectives and purposes of the Company, and it is hereby expressly provided that the foregoing enumeration of specific

purposes shall not be held to limit or restrict in any manner the purposes or powers of the Company otherwise permitted by law.

ARTICLE IV MANAGERS

The management of the Company shall be vested in managers who are licensed to practice medicine in the State of Florida, and the names and addresses of the managers are:

Name	Address
Jaswant Sinh Jadeja, M.D.	3599 University Boulevard, Suite 1200 Jacksonville, Florida 32216
Suncel Laxman Mahajan, M.D.	3599 University Boulevard, Suite 1200 Jacksonville, Florida 32216

ARTICLE V MEMBERS

The names and addresses of the initial members of the Company are:

Name	Address
Jaswant Sinh Jadeja, M.D.	3599 University Boulevard, Suite 1200 Jacksonville, Florida 32216
Suncel Laxman Mahajan, M.D.	3599 University Boulevard, Suite 1200 Jacksonville, Florida 32216

In accordance with the Act, the Company may admit new members at the discretion of, and upon the terms and conditions set forth, by the managers.

ARTICLE VI ORGANIZERS

The names and addresses of the organizers of the Company are:

Name

Address

Jaswant Sinh Jadeja, M.D.

3599 University Boulevard, Suite 1200

Jacksonville, Florida 32216

Suneci Laxman Mahajan, M.D.

3599 University Boulevard, Suite 1200

Jacksonville, Florida 32216

ARTICLE VII INDEMNIFICATION

The managers of the Company, in their sole discretion, shall have the power, on behalf of the Company, to indemnify persons for whom indemnification is permitted by Section 608.4363 of the Act, as amended, to the fullest extent permissible under Section 608.4363 of the Act, and may purchase such liability, indemnification and/or other similar insurance as the managers from time to time shall deem necessary or appropriate, in their sole discretion.

The Company may purchase and maintain liability, indemnification and/or other similar insurance on behalf of itself, and/or for any person who is or was a member, manager, officer, employee or agent of the Company or who is or was serving at the request of the Company as a member, director, manager, officer, trustee, employee, agent or similar functionary of another foreign or domestic corporation, limited liability company, partnership, joint venture, sole proprietorship, trust, employee benefit plan or other enterprise, against any liability asserted against and/or incurred by the Company or person serving in such a capacity or arising out of his/her/its status as such a person or entity, whether or not the Company would otherwise have the power to indemnify such person against that liability.

The power to indemnify and/or obtain insurance provided in this Article VII shall be cumulative of any other power of the managers and/or any rights to which such a person or entity may be entitled by law, the Articles of Organization and/or operating agreement of the Company, contract, other agreement, vote or otherwise.

Octobe, 1996.	e hereunto set our hands, this 22 day o
	borne feder
	JASWANT SINH JADEJA, M.D. Member
	Sam. Lga
	SUNEEL LAXMAN MAHAJAN, M.D.

Member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the professional limited liability company is Hematology/Oncology Associates, P.L.
- 2. The name and address of the registered agent and office is Jaswant Jadeja, M.D., 3599 University Boulevard, Suite 1200, Jacksonville, Florida 32216.

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

By: Jospans Joseph, M.D.

Registered Agent

Date: 25th Debter, 1990

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

THE STATE	OF FLORIDA	
COUNTY OF	- DUVA	
(1979) (1977) M.	me, the undersigned authority, on this day personally appeared Incint D., a member of Hematology/Oncology Associates, P.L., a Florida professional company, who upon being duly sworn, did depose and state as follows:	
1.	Hematology/Oncology Associates, P.L. has at least two members.	
2.	The total amount of cash contributed by the member(s) is \$ 2000.	
3.	If any, the agreed value of property other than cash contributed by member(s) is $\underline{\circ}$.	
4.	The total amount of cash or property anticipated to be contributed by member(s) is \$ 2 800. This total includes amounts from 2 and 3 above.	
	Member Judy 4, M.D.	
Subscrit theday	of October 1996.	:
[SEAL]	Notary Public, State of Florida Name: Manlene J. Lis. My Commission Expires: OFFICIAL NOTARY SEAL MARLENE J LIST NOTARY PUBLIC STATE OF FLORI COMMISSION NO. CC26667 MY COMMISSION EXP. FEB. 28,19	

96 OCT 30 AN IO: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA