

MOH000002413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Document  
Number

Updater ☐ Office Use Only

Transfer  
Fee \$100

Initial Judgement \$100

M. P. Verifier \$100



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06/04/04--01030--017 \*\*70.00

06/24/04--01017--015 \*\*55.00

2004 JUN 17 P 2:21  
SECRETARY OF THE  
TALLAHASSEE COUNTY

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wrong form  
provided

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M : S Brachytherapy Services LLC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bruno J. Schmidt

(Name of Person)

M : S Brachytherapy Services, LLC

(Firm/Company)

5710 Hoover Blvd.

(Address)

Tampa, FL 33634

(City/State and Zip code)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Bruno Schmidt

(Name of Person)

at (813) 882-0183

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 9, 2004

BRUNO J. SCHMIDT  
M & S BRACHYTHERAPY SERVICES, LLC  
5710 HOOVER BLVD  
TAMPA, FL 33634

SUBJECT: M & S BRACHYTHERAPY SERVICES LLC  
Ref. Number: W04000022264

We have received your document for M & S BRACHYTHERAPY SERVICES LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

You have completed the wrong form. You must complete the attached form for a limited liability company.

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 (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 904A00039210

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. MIS Brachytherapy Services LLC  
(Name of foreign limited liability company)

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4-4-2006 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 1-1-04  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 5710 Hoover Blvd.  
Tampa, FL 33634  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

<u>Bruce J. Schmitt</u>	<u>Robert McKenzie</u>
<u>5710 Hoover Blvd.</u>	<u>5710 Hoover Blvd.</u>
<u>Tampa, FL 33634</u>	<u>Tampa, FL 33634</u>

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) done

11. Nature of business or purposes to be conducted or promoted in Florida: Sale of Biotech products and services

Bruce J. Schmitt  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bruce J. Schmitt  
Typed or printed name of signee

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TALLAHASSEE  
SECRETARY OF STATE

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED 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:

MIS Brachytherapy Services LLC

2. The name and the Florida street address of the registered agent and office are:

Bruno J. Schmidt  
(Name)

5710 Hoover Blvd.  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tampa FL 35634  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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

B. J. Schmidt  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

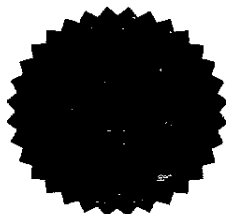
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M & S BRACHYTHERAPY SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2004.

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2004 JUN 17 P 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FL



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3120714

DATE: 05-19-04

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