

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000008198 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

C T CORPORATION SYSTEM

Account Number : FCA000000023

phone

(850)222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY C

AOR Management Company of Virginia, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

JAN 14 2008

https://efile.sunbiz.org/scripts/efilcovr.exe

CI CORP

01/11/5008 10:36

PAGE 01/04

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AOR Management Company of Virginia, LLC (Name of Foreign Limited Lubrilly Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") (If theme unavailable, enter alternate name adopted for the purpose of transacting business in Floridz and attach a copy of the written consent of the managers or managing members adopting the alternate same. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Delaware \$41768503 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/31/2007 Perpetual (Dentition: Year limited liability company will coase to exist or "perpetual") (Date of Organization) 01/01/2007 (Date first trunsacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 16825 Northobase Drive, Suite 1300 79 Houston, TX 7060 (Street Address of Principal Office) 8 ĊΩ UП 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: 16825 Northchase Drive, Suite 1300 Houston, TX 77060 Attached is an original cartificate of existence, no more than 90 days old, duty 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 finzign language, a translation of the certificate under ceth of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida; Minnagement of the non-medical aspents of oncology physician practices. 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.) Phillip H. Watta, Vice President Typed or printed name of signee 70.057 - DEFECTOR CT System Chilling

9194222098 98:01 8002/11/10

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.

If name unavailable, the alternate name to be used in the state of Florida is: Composition System	If nome imposibile the alternate name to be	he wood in the state of Playida is:	=
CT Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Lip daving been named as registered agent and to accept service of process for the above stated limited lability company at the place designated in this certificate. I hereby accept the appointment as regist gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my duties, and I am familiar with and accept the	Thanks unit valuable, the arternate marks to	or tiped in hire state of Program 13.	033
I 200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation PL 33324 City/Sinte/Lip Taving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate. I hereby accept the appointment as regist gens and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my disties, and I am familiar with and accept the	2. The name and the Florida street address	of the registered agent and office are:	ETARY HASSE
IZOO South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/Sinte/Lip Idaning been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as regist gens and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my duties, and I am familiar with and accept the	¢ T	l' Corporation System	<u></u> 8
Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Lip daving 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 regist gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my duties, and I am familiar with and accept the	<u></u> -	(Name)	- FLOR
Plantation RI. 33324 City/State/Lip daving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate. I hereby accept the appointment as regist gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my duties, and I am familiar with and accept the	1200 :	South Pine Island Road .	
City/State/Lip City/State/Lip Laving been named as registered agent and to accept service of process for the above stated limited lability company at the place designated in this certificate. I hereby accept the appointment as regist gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my duties, and I am familiar with and accept the	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	- >
taving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate. I hereby accept the appointment as regist gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my duties, and I am familiar with and accept the	Piantation	FL 33324	
ability company at the place designated in this certificate. I hereby accept the appointment as regist gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes stating to the proper and complete performance of my duties, and I am familiar with and accept the		City/State/Lip	_
onguissa of my position as regulared agent to provided for all Chapter 606, Florida Statutes.	Having been named as registered agent and t	City/Sinte/Lip Lo accept service of process for the above this certificate. I hereby accept the appoint the agree to comply with the provisions of	ment as regisi fall statutes
	gent and agree to act in this capacity. I furti stating to the proper and complete performa bligations of my position as registered agent	nce of my duties, and I am familiar with a i as provided for in Chapter 608, Florida i	Statutes.
	gent and agree to act in this capacity. I furti- stating to the proper and complete performa biligations of my position as registered agent CT Corporation System	i as provided for in Chapter 608, Florida i	Statutes.
O O bid Imp Tackets	igent and agree to act in this capacity. I furti- valating to the proper and complete performa poligations of my position as registered agent CT Corporation System	i as provided for in Chapter 608, Florida i	Statutes.

Filing Fee for Application

Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

9197222038 38:01 86022/11/10

CI CORP

\$ 100,00 \$ 25.00

> 30,00 5.80

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AOR MANAGEMENT COMPANY OF VIRGINIA, 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 EIGHTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AOR MANAGEMENT COMPANY OF VIRGINIA, LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 1995.

2532346 8300 -080023062



Warriet Smith Mindage Socretary of States

AUTHENTICATION: 6294892

DATE: 01-08-08