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DIVISION OF CORPORATION

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

VANTAGE ONCOLOGY LLC

CK# 5312 FOR \$130.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

__ CERTIFIED COPY

XXX STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vantage Oncology; LLC

Name of Limited Liability Company

The englessed "Armlication by Foreign Limited Liability Company for Authorization

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Orlando Medina		
	Name of Person	Control of the contro
kinetic law group ilp		
	Firm/Company	
121 SW Morrison Street,	Şuite 475	
	Address	,
Portland, OR 97204		
	City/State and Zip Code	
orlando@kineticlaw.com		<u> </u>
E-mail address: (to	be used for future armual repo	rinolitication)
For further information concerning this matter, please	call:	
Joseph C. Chang	_{at (} 310) 3	35-4011
Name of Person	Area Code & Daytime Tele	phone Number
	STREET ADDRESS: Division of Corporations	
•	Registration Section Clifton Building	
Tellahussee, FL 32314	Cifton Sunding 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount	•	
\$125.00 Filing Fee Certificate of Status	& [7]\$155.00 Filing Fee &	S160.00 Filing Fee, Certificate of Status & Certified Copy

Mark Consortion

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

TRANSACT BUSINESS IN FLORIDA	
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	لُ
1. Vantage Oncology, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")	
2 Delaware 3, 27-4611880	
(Jurisdiction under the law of which foreign limited hability (FEI number, if applicable) company is organized)	
4. December 17, 2010 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
_{6.} January 31, 2011	
(Date first transacted business in Florida, If prior to registration.) [See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1500 Rosecrans Avenue, Suite 400	
Manhattan Beach, CA 90266 (Street Address of Principal Office)	
<u> </u>	
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:	
Michael T. Fiore, 1500 Rosecrans Avenue, Suite 400, Manhattan Beach, CA 90266	
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 eath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Professional	
practice business support services	
	×
Signature of a member or an authorized representative of a member.	^
(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the	
penalties of porjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Joseph C. Chang, Secretary/Controller	
Typed or printed name of signee	

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 Con-	apany is:	
Vantage Oncology, LLC		
If unavailable, the alternate to be used in t	he state of Florida is;	
2. The name and the Florida street address	s of the registered agent and office are:	
NRAI Services, Inc.		
	(Name)	
515 East Park Avenu	ue	
Florida Street Ad	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	
Tallahassee	FL 32301	<u>د ت د</u>
	City/State/Zip	

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, Florida Statutes.

LORI Shihlman, Hest. Sec.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VANTAGE ONCOLOGY, 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 FOURTEENTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VANTAGE ONCOLOGY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2010.

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

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110824471

You may verify this certificate online

AUTHENTICATION: 8903537

DATE: 07-14-11