MISODOCOMORA

(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:

Office Use Only



600275837436

08/20/15--01021--010 **125.00

2015 AUG 20 P 12: 11
SECRETARY OF STATE

AUG 2'1 2015

· BKUI.

COVER LETTER

	egistration Section livision of Corporat	ions	•		
SUBJECT	INTEGRA ONC	OLOGY, LLC			
JODGE !	· ·	Name of	Limited Liability	Company	
				ation to Transact Business in Florited liability company to transact b	
Please retu	irn all correspondenc	ee concerning this matter to the	following:		
	GIRA SHAI	-i			
	 	N	ame of Person		
	INTEGRA (ONCOLOGY, LLC			
	-	F	irm/Company		-
	6021 UNIV	ERSITY BLVD., SUITE 450			
			Address		
	ELLICOTT	CITY MD 21043			
		City/S	tate and Zip Code	2	
	gira@girashal	1			
		E-mail address: (to be used	d for future annua	l report notification)	
For further	information concern	ning this matter, please call:		Z _S	29 25
<u> </u>	amy McPartland		410 at (
	Nam	e of Contact Person	Area Code	Daytime Telephone Number	
D R P	IAILING ADDRES ivision of Corporation egistration Section O. Box 6327 allahassee, FL 32314	ons		STREET ADDRESS CO	2 D
	s a check for the foll \$125.00 Filing Fee		□ \$155.00 Filli Certified Copy	-	

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

3. 47-4385081 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 318 SOUTH HIGHWAY 1, SUITE 205 JUPITER FL 33477 (Street Address of Principal Office) ELLICOTT CITY MD 21043 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: PLANTATION FL (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place des with the provisions of all statutes relative to the proper approximate as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper approximate as registered agent and agree to act in this capacity. I further agree to with the provisions of my position as registered agent. (Registered agent's signature) Linda Stau Assistant Sec 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: GIRA SHAH, CFO, 6021 UNIVERSITY BLVD., SUITE 450, ELLICOTT CITY MD 21043	bility Company," "L.L.C,"	ernate name adopted for to "LLC.")	the purpose of tr	ansacting busines	s in Florida. The alto	ernate name i	must inc	lude "Limited
(Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) JUPITER FL 33477 (Street Address of Principal Office) ELLICOTT CITY MD 21043 (Mailing Address) Manne: NRAI SERVICES, INC. Office Address: 1200 SOUTH PINE ISLAND ROAD PLANTATION FL (City) (City) (City) (City) Registered agent's acceptance: Available agent and to accept service of process for the above stated corporation at the place desinis application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper applications of my position as registered agent. (Registered agent's signature) Linda Stau (Registered agent's signature) Assistant Sec	MARYLAND		3	47-4385081				
(Date first transacted business in Florida. If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) JUPITER FL 33477 (Street Address of Principal Office) ELLICOTT CITY MD 21043 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: PLANTATION FL (City) Registered agent's acceptance: daving been named as registered agent and to accept service of process for the above stated corporation at the place deshis application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper agracomplete performance of my duties, and I am familiar with a the obligations of my position as registered agent. (Registered agent's signature) Registered agent's signature) Linda Stau (Registered agent's signature) Assistant Sec	company is organized)	of which foreign limited li	iability		(FEI number, if a	pplicable)	•	
JUPITER FL 33477 (Street Address of Principal Office) ELLICOTT CITY MD 21043 (Mailing Address) (Mailing Address) (Mailing Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: PLANTATION FL (City) (City) Registered agent's acceptance: Idving been named as registered agent and to accept service of process for the above stated corporation at the place despits the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a the obligations of my position as registered agent. (Registered agent's signature) Linda Stau (Registered agent's signature) Assistant Sections 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	JULY 6, 2015							
Street Address of Principal Office) Street Address of Principal Office Address Street Address of Florida registered agent: (P.O. Box NOT acceptable) Street Address of Principal Office Address NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL Florida 33324 (Zip code) (Zip code		(Date first transac (See sections 605.09	ted business in 904 & 605,0905.	Florida, if prior to , F.S. to determine	registration.) e penalty liability)			
(Street Address of Principal Office) ELLICOTT CITY MD 21043 (Mailing Address) (Mailing Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL (City) (City) (City) (City) Registered agent's acceptance: daving been named as registered agent and to accept service of process for the above stated corporation at the place desthis application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper anacomplete performance of my duties, and I am familiar with a the obligations of my position as registered agent. (Registered agent's signature) Assistant Section 1. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	318 SOUTH HIGHWA	Y 1, SUITE 205						
ELLICOTT CITY MD 21043 (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL (City) (Registered agent's acceptance to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a the obligations of my position as registered agent. (Registered agent's signature) (Registered agent's signature) Assistant Seconds (Registered agent's signature)	JUPITER FL 33477							
ELLICOTT CITY MD 21043 (Mailing Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL (City) (City) (City) (City) Registered agent's acceptance: daving been named as registered agent and to accept service of process for the above stated corporation at the place des this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper analycomplete performance of my duties, and I am familiar with a the obligations of my position as registered agent. (Registered agent's signature) Linda Stau (Registered agent's signature) Assistant Seconds.	120 100		ddress of Princi	pal Office)		E SE	2011	
Name: Office Address: 1200 SOUTH PINE ISLAND ROAD PLANTATION FL	6021 UNIVERSITY BL	.VD., SUITE 450				Z £	=	71
Name: Office Address: 1200 SOUTH PINE ISLAND ROAD PLANTATION FL	ELLICOTT CITY MD	21043				NA IA		-
Name: Office Address: NRAI SERVICES, INC.	·		(Mailing Addre	ss)		<u>~~~~</u>	Ö	
Name: Office Address: NRAI SERVICES, INC.	Name and street address	s of Florida registered a	agent: (P.O. B	ox NOT accepts	able)	7	U	
PLANTATION FL (City) (City) (City) (City) (Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated corporation at the place destains application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper analycomplete performance of my duties, and I am familiar with a the obligations of my position as registered agent. (Registered agent's signature) Assistant Section 1. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		-	-		-	STAT	<u>-</u>	
(City) (Zip code) Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated corporation at the place destains application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to eith the provisions of all statutes relative to the proper analycomplete performance of my duties, and I am familiar with a he obligations of my position as registered agent. (Registered agent's signature) Assistant Seconds.	Office Address:	1200 SOUTH PINE IS	SLAND ROAI	D	_	>		
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place des his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper analycomplete performance of my duties, and I am familiar with a he obligations of my position as registered agent. City (Zip code) Assistant as the place des for the above stated corporation at the place des for the provision, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper analycomplete performance of my duties, and I am familiar with a he obligations of my position as registered agent. City (Zip code) Assistant service of process for the above stated corporation at the place des his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of my duties, and I am familiar with a he obligations of my position as registered agent. City (Zip code)		DI ANTATION EI			22224			
daving been named as registered agent and to accept service of process for the above stated corporation at the place described its application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper approximate of my duties, and I am familiar with a she obligations of my position as registered agent. (Registered agent's signature) Linda Stau (Registered agent's signature) Assistant Section.		PLANTATION FE			Florida 33324			
3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	gistered agent's accept		(City)		, Florida 33324 (Zip	code)		
	iving been named as reg is application, I hereby a th the provisions of all s	ance: gistered agent and to a accept the appointment tatutes relative to the p	ccept service of t as registered proper aparcon	agent and agree nplete performa	(Zip e above stated cor e to act in this cap	poration at acity. I fur and I am fa	rther ag amiliar da S	ree to comply with and acc
GIRA SHAH, CFO, 6021 UNIVERSITY BLVD., SUITE 450, ELLICOTT CITY MD 21043	iving been named as reg is application, I hereby a th the provisions of all s	ance: gistered agent and to a accept the appointment tatutes relative to the p	ccept service of t as registered proper aparcon	agent and agree nplete performa	(Zip e above stated cor e to act in this cap	poration at acity. I fur and I am fa	rther ag amiliar da S	ree to comply with and acc
	iving been named as reg is application, I hereby a th the provisions of all s is obligations of my posit	ance: gistered agent and to a accept the appointment tatutes relative to the p tion as registered agen	ccept service of t as registered proper aparcon t (Registered a	agent and agree nplete performa lucustics ligent's signature)	(Zip e above stated cor e to act in this cap ince of my duties,	poration at pacity. I fur and I am fo Line Assist	rther ag amiliar da S	ree to comply with and acc
	eving been named as reg is application, I hereby a th the provisions of all s to obligations of my posit The name, title or capa	ance: gistered agent and to a accept the appointment tatutes relative to the p tion as registered agen city and address of the	ccept service of the astroper appropriate (Registered appropriate)	agent and agree inplete performation of the performation of the performation of the performance in the perfo	(Zip e above stated cor e to act in this cap ince of my duties, dity to manage is/ar	poration at pacity. I fur and I am fo Line Assist	rther ag amiliar da S	ree to comply with and acc
	eving been named as reg is application, I hereby a th the provisions of all s to obligations of my posit The name, title or capa	ance: gistered agent and to a accept the appointment tatutes relative to the p tion as registered agen city and address of the	ccept service of the astroper appropriate (Registered appropriate)	agent and agree inplete performation of the performation of the performation of the performance in the perfo	(Zip e above stated cor e to act in this cap ince of my duties, dity to manage is/ar	poration at pacity. I fur and I am fo Line Assist	rther ag amiliar da S	ree to comply with and acc
	eving been named as reg is application, I hereby a th the provisions of all s to obligations of my posit The name, title or capa	ance: gistered agent and to a accept the appointment tatutes relative to the p tion as registered agen city and address of the	ccept service of the astroper appropriate (Registered appropriate)	agent and agree inplete performation of the performation of the performation of the performance in the perfo	(Zip e above stated cor e to act in this cap ince of my duties, dity to manage is/ar	poration at pacity. I fur and I am fo Line Assist	rther ag amiliar da S	ree to comply with and acc
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recorning resolution under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted) Signature of an authorized person	eving been named as reg is application, I hereby a th the provisions of all s to obligations of my posit The name, title or capa	ance: gistered agent and to a accept the appointment tatutes relative to the p tion as registered agen city and address of the	ccept service of the astroper appropriate (Registered appropriate)	agent and agree inplete performation of the performation of the performation of the performance in the perfo	(Zip e above stated cor e to act in this cap ince of my duties, dity to manage is/ar	poration at pacity. I fur and I am fo Line Assist	rther ag amiliar da S	ree to comply with and acc
Signature of an authorized person	rying been named as regs application, I hereby a th the provisions of all se obligations of my posite. The name, title or capacate of the cap	ance: gistered agent and to anceept the appointment tatutes relative to the prion as registered agent city and address of the UNIVERSITY BLVD.	(Registered appropriate to person(s) who han 90 days old	agent and agree inplete performation and agree in performation and agree in performation and agree in performance in performan	e above stated core to act in this cap ince of my duties, ity to manage is/ar Y MD 21043	poration at pacity. I fund and I am for Line Assist Te:	da Sant	ree to comply with and accordance to comply with an accordance to comply with a compl
Signature of an authorized person	rying been named as regs application, I hereby a th the provisions of all se obligations of my posite. The name, title or capacate of the cap	ance: gistered agent and to anceept the appointment tatutes relative to the prion as registered agent city and address of the UNIVERSITY BLVD.	(Registered appropriate to person(s) who han 90 days old	agent and agree inplete performation and agree in performation and agree in performation and agree in performance in performan	e above stated core to act in this cap ince of my duties, ity to manage is/ar Y MD 21043	poration at pacity. I fund and I am for Line Assist Te:	da Sant	ree to comply with and accordance to comply with an accordance to comply with a compl

GIRA SHAH

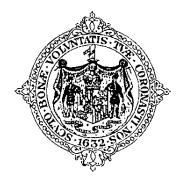
STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INTEGRA ONCOLOGY, LLC, REGISTERED JUNE 24, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 04, 2015.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097