

6/28/2017



**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.**

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**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 : (512)418-6949  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

RECEIVED

2017 JUN 28 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
PUTNAM RADIATION ONCOLOGY MANAGER, LL**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUN 28 P 4:04

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D. BRUCE  
JUN 29 2017

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: Putnam Radiation Oncology Manager, LLC**

\_\_\_\_\_  
 Name of Limited Liability Company

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:

Ceci Estill

\_\_\_\_\_  
 Name of Person

c/o Putnam Radiation Oncology Manager, LLC

\_\_\_\_\_  
 Firm/Company

One Park Plaza - Legal Dept.

\_\_\_\_\_  
 Address

Nashville, TN 37203

\_\_\_\_\_  
 City/State and Zip Code

shirley.scharf@hcuhealthcare.com

\_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill

615

344-2994

\_\_\_\_\_  
 Name of Contact Person

at (\_\_\_\_\_)\_\_\_\_\_  
 Area Code

\_\_\_\_\_  
 Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
 Registration Section  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
 Certificate of Status

☐ \$155.00 Filing Fee &  
 Certified Copy

☐ \$160.00 Filing Fee, Certificate  
 of Status & Certified Copy

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 TALLAHASSEE, FLORIDA  
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 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:*

1. Pulmain Radiation Oncology Manager, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. applied for

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, (if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Park Plaza

Nashville, TN 37203

(Street Address of Principal Office)

6. P.O. Box 750

Nashville, TN 37202

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative 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: Nathan S. Giffin

C T Corporation System

Nathan S. Giffin Asst. Vice President

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

A. Bruce Moore, Jr., Manager, One Park Plaza, Nashville, TN 37203

Samuel N. Hazen, Manager, One Park Plaza, Nashville, TN 37203

Christopher F. Wyatt, Manager, One Park Plaza, Nashville, TN 37203

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

John M. Franck II  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John M. Franck II, Authorized Person

Typed or printed name of signee

**FILED**  
 2017 JUN 28 P 4:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUTNAM RADIATION ONCOLOGY MANAGER, 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2017.

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



6457503 8300

SR# 20174988655

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202794432

Date: 06-28-17