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**Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
Cancer Treatment Centers of America Global, Inc.**

Certificate of Status	0
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Page Count	05
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Cancer Treatment Centers of America Global, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sara M. Watson
Name (Printed or typed)
525 W. Monroe St., Ste. 1900
Address
Chicago, IL 60661
City, State & Zip
312-577-8501
Daytime Telephone number
sara.watson@kattenlaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CANCER TREATMENT CENTERS OF AMERICA GLOBAL, LLC
525 W. Monroe Street, Suite 1900
Chicago, IL 60661

May 14, 2014

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Consent to Use of Name by Cancer Treatment Centers of America Global, LLC
(the "Company") to Cancer Treatment Centers of America Global, Inc.

Dear Sir/Madam:

Please accept this letter as our acknowledgment and consent to the use of the name "Cancer Treatment Centers of America Global, Inc." following the dissolution of our Company and the subsequent incorporation of the aforementioned entity.

Further, please note that following the submission of the Articles of Dissolution to your office by our Company, we have no intention of cancelling the dissolution at any time.

Should you have any questions or require anything further, please feel free to contact me directly at 312-902-5643.

Sincerely,



Philip J. Tortorich

Authorized Representative

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Cancer Treatment Centers of America Global, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6000 Broken Sound Parkway NW
Boca Raton, FL 33487
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The transaction of any and all lawful business for which corporations
may be incorporated under the laws of the State of Florida.

ARTICLE IV SHARES 1000 voting shares, 100,000 non-voting shares
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Gerard van Grinsven, Pres.</u>	Name and Title:	<u>Steven L. Kroll, Sec.</u>
Address:	<u>6000 Broken Sound Parkway NW</u>	Address:	<u>6000 Broken Sound Parkway NW</u>
	<u>Boca Raton, FL 33487</u>		<u>Boca Raton, FL 33487</u>

Name and Title:	<u>Phillip J. Picchiotti, Treas.</u>	Name and Title:	_____
Address:	<u>6000 Broken Sound Parkway NW</u>	Address:	_____
	<u>Boca Raton, FL 33487</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

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TALLAHASSEE, FLORIDA

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System
Address: 1200 S. Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Philip J. Tortorich
Address: 525 W. Monroe St., Ste. 1900
Chicago, IL 60661

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TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kristin Bolden
Kristin Bolden
Assistant Secretary
Required Signature/Registered Agent

5/14/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Philip J. Tortorich
Required Signature/Incorporator

5/14/14
Date