

January 19, 1996

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 900000001899149 -01/25/96--01073--008 ****78.75 *****78.75

Re: Broward Oncology Services, Inc.

Dear Sir or Madam:

Please find enclosed the following:

- 1. One (1) Transmittal Letter;
- 2. One (1) Original Articles of Incorporation; and
- 3. Check in the amount of \$78.75 for filing fees.

I respectfully request that you take whatever steps are necessary to incorporate Broward Oncology Services, Inc. in the State of Florida.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance and cooperation in this matter.

Sincerely,

Caroline A. Johnson

Enclosures

TRANSMITTAL LETTER

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



SUBJECT: Broward Once	ology Services	e. The. ame - must include suif	lix)			
Filing Fee	nd one (1) co x \$78.75 Filing Fee & Certificats	py of the articles of \$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check		
FROM: Dr. Luis Barreras Name (printed or typed)						
6405 North Federal Highway, Suite 201						
		Address				
Ft. Lauderdale, Florida 33308						
City, State & Zip						
	305-771-069	2				

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Browned Oncology Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6405 North Federal Highway, Suite 201 Ft. Lauderdale, Florida 33308

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Dr. Luis Barreras 6405 North Federal Highway Ft. Lauderdaie, Florida 33308

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dr. Luia Barreras 6405 North Federal Highway Ft. Landerdale, Florida 33308

day of November	, 19 <u>95</u> .
Luis Barreras, M.D.	Signature
Luis Barreras, M.D.	Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0301, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW. OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:		Broward Oncology Services.	62
•••	The name and address of the regis	tered agent and office is:	12. CA
	Dr. Luis Bar	Dr. Lula Barreras (NAME)	
	6405 North E	Sederal Highway	
	(P.C	ox or Mail Drop Box NOT ACCEPTABLE)	
	Ft. Lauderda		
		(CITY/STATE/ZIP)	

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Luis Barreras, M.D. (SIGNATURE) (DATE)