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# Florida Department of State
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TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATION

## FOREIGN PROFIT QUALIFICATION

### ONCURE MEDICAL CORP.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | ~~04~~ 5 |
| Estimated Charge | $70.00 |

JB 4-21-03

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. OnCURE Medical Corp.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware
(State or country under the law of which it is incorporated)

3. pending
(FEI number, if applicable)

4. March 18, 2003
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 610 Newport Center Drive, Suite 350, Newport Beach, CA 92660
(Principal office address)

610 Newport Center Drive, Suite 350, Newport Beach, CA 92660
(Current mailing address)

8. The purpose of the Corporation authorized in its home state is: to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware. The purposes to be carried out in the state of Florida are that of a holding company.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (Zip code)

10. Registered agent's acceptance:
*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Lynette Coleman
Lynette Coleman as its agent
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Shyam B. Paryani
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

Director: Jeffrey A. Goffman
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

Director: Charles J. Jacobson
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

Director: Stanley S. Trotman, Jr.
Address: 610 Newport Center Drive, Suite 350
Newport Beach CA 92660

Director: Gordon C. Rausser
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

Director: John H. Zeeman
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

Director: John W. Wells, Jr.
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

Director: Matthew W. Shaw
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

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B. OFFICERS

Chairman: Shyam B. Paryani
Address: 610 Newport Center Drive, Suite 350
Newport Beach, CA 92660

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| | |
|---|---|
| CEO, President and Secretary: | Jeffrey A. Goffman |
| Address: | 610 Newport Center Drive, Suite 350 |
| | Newport Beach, CA 92660 |
| Senior Vice President and CFO: | Richard A. Baker |
| Address: | 610 Newport Center Drive, Suite 350 |
| | Newport Beach, CA 92660 |

13. ______________________
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeffrey A. Goffman, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

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# Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONCURE MEDICAL CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONCURE MEDICAL CORP." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2003.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2373901

DATE: 04-21-03

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