

P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

SEPTEMBER 14, 2000

NAME: ONCARE MANAGEMENT CORPORATION

TYPE OF FILING:

COST:

QUALIFICATION

RETURN: CERTIFIED COPY

CHECK FOR \$78.75 IS ATTACHED

MM 9: 50

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN RE	EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	300				
	Oncome Management Corporation					
	1. OnCare Management Corporation (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. 94-3228143 (FEI number, if applicable)					
2_	Delaware 3. 94-3228143	수 기를				
<u> </u>	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	5				
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7.	(Date of incorporation) (Duration: Year corp. will cease to existor "perpetual")	-				
6.	06-01-00	.: =				
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)						
7.	11660 Alpharetta Highway, Suite 650					
	Roswell, Georgia 30076					
	(Current mailing address)	•				
	Management of health care services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	•				
	Name: Capital Corporate Services, INC.					
Of	ffice Address: 1333 N. Duval St.					
	Tallahassee , Florida, 32303 (Zip code)					
10.). Registered agent's acceptance:					
this wit	aving been named as registered agent and to accept service of process for the above stated corporation at the place desig is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co th the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and e obligations of my position as registered agent.	mply				
	Ollanie Case, asst. Se C. (Registered agent's signature)					
	(Registered agent's signature)	·				
11. Dej	. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the epartment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the	e law of				

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

	S (Street address only - P.O. Box NOT acceptable)		<u> </u>	
Chairman:	See attached sheet	300		- -
Address:		10	9	
			99	
Vice Chairman: _			7	u ij≟
Address:		.	5	
_		 _	<u> </u>	
Director:			· = - ·	T
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	S (Street address only - P.O. Box NOT acceptable)			
President:	See attached sheet) -	, Th. 17 (1) (1)	
Address:				
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Vice President:			<u> </u>	70 14. 14. 14.
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Secretary:		·		 a.:
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Treasurer:		· · ·	· ·	# + P
Address:	The second secon	, , ,		
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NOTE: If nec	cessary, you may attach an addendum to the application listing additional officers and/or directors.			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		- 	24. 11 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14Lou	is F. Stripling, President (Typed or printed name and capacity of person signing application)			

ONCARE MANAGEMENT CORPORATION

OFFICERS

Name **Title** <u>Address</u> Michael D. Goldberg Chairman 2995 Woodside Road, Suite 400 Woodside, CA 94062 Louis F. Stripling President, 11660 Alpharetta Highway, Suite 650 Chief Executive Officer, Roswell, Georgia 30076 Chief Financial Officer, and Secretary Cathy L. Putnick Assistant Secretary 11660 Alpharetta Highway, Suite 650 Roswell, Georgia 30076 Kristen Burnett Assistant Secretary 11660 Alpharetta Highway, Suite 650 Roswell, Georgia 30076

DIRECTORS

<u>Name</u>	Address
Michael D. Goldberg	2995 Woodside Road, Suite 400 Woodside, CA 94062
Thomas G. Mendell	The Beacon Group 399 Park Avenue, 17th Floor New York, NY 10022
Louis F. Stripling	11660 Alpharetta Highway, Suite 650 Roswell, Georgia 30076
L. John Wilkerson	Galen Associates 610 Fifth Avenue New York, NY 10020
Eric R. Wilkinson	The Beacon Group 399 Park Avenue, 17th Floor New York, NY 10022

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONCARE MANAGEMENT CORPORATION" 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 THIRTTETH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONCARE MANAGEMENT CORPORATION" WAS INCORPORATED ON THE SEVENTH DAY OF

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE

HAVE BEEN PAID TO DATE



AUTHENTICATION:

0534673

06-30-00

2511824 8300

001335732

DATE: