PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 JUN -5 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000004425

1. Corporation Name

Oncura Inc.

REINSTATEMENT 05-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
101 Carnegie Center	101 Carnegie Center
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Princeton, NJ	City & State: Princeton, NJ
Zip: 08540 Country: USA	Zip: 08540 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: August 2, 2004

5. FEI Number: 01-07892911 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

700235921197
06/05/12--01004--007 **1800.00

8. I, being appointed the registered agent of the above named corporation, accept all the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Margaret E Routzahn

MARGARET E. ROUTZAHN
Special Assistant Secretary

Date: 5/15/12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Stephen Lightfoot	The Grove Center, White Lion Road	Amersham, UK HP7 9LL
VD	Vito Pulito	101 Carnegie Center	Princeton, NJ 08540
S	Concetta M. Perro	101 Carnegie Center	Princeton, NJ 08540
		JUN 5 2012	
		S. TONER	

10. **E-mail Address:** deb.missell@ge.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that 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.

SIGNATURE: 5/15/2012 609-514-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V-15564