

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000001699

**FILED**  
**Oct 25, 2011**  
**Secretary of State**

**Entity Name:** ONCOLOGY THERAPEUTICS NETWORK CORPORATION

**Current Principal Place of Business:**

ONE POST STREET  
SAN FRANCISCO, CA 94104

**New Principal Place of Business:**

**Current Mailing Address:**

ONE POST STREET  
SAN FRANCISCO, CA 94104

**New Mailing Address:**

**FEI Number:** 94-3183082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEMS, INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA J. CHRISTMAN FOR THE PRENTICE-HALL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BROUSSARD, BRUCE D  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: DVS  
Name: BOGAN, WILLIE C  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: DVT  
Name: LOIACONO, NICHOLAS A  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: V  
Name: WEBSTER, JENNIFER S  
Address: 395 OYSTER PONT BLVD  
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIE C. BOGAN

DVS

10/25/2011

Electronic Signature of Signing Officer or Director

Date