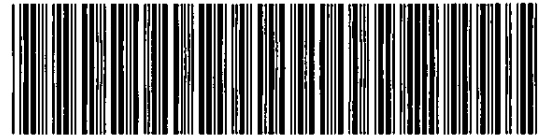


F1000000001699



700260142697

Withdrawal

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

RECEIVED
DEPARTMENT OF STATE
CORPORATION
2014 MAY 21 AM 10: 57
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2014 MAY 21 AM 10: 56
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DR
4/22/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 136134 4392992
AUTHORIZATION : [Signature]
COST LIMIT : \$ 35.00

ORDER DATE : May 16, 2014
ORDER TIME : 8:41 AM
ORDER NO. : 136134-010
CUSTOMER NO: 4392992

FOREIGN FILINGS

NAME: ONCOLOGY THERAPEUTICS NETWORK CORPORATION

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Emily Gray - EXT# 62925

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Oncology Therapeutics Network Corporation

(Name of Corporation)

F10000001699

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

Attn: Corporate Secretary Dept., One Post Street, 35th Floor

(Mailing Address)

San Francisco, CA 94104

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Melissa Wu
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Melissa Wu

(Typed or printed name of person signing)

5/20/14
(Date)

Assistant Secretary

(Title of person signing)

FILING FEE \$35