

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000002435**

1. Corporation Name

DANA-FARBER / PARTNERS CANCER CARE, INC.

Principal Place of Business

Mailing Address

44 BINNEY STREET, L209
C/O DIRECTOR OF ECONOMIC & REGULATORY
BOSTON MA 02115

44 BINNEY STREET, L209
C/O DIRECTOR OF ECONOMIC & REGULATORY
BOSTON MA 02115

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	CONNORS, JOHN M JR.	200 CLARENDON STREET, 39TH FLOOR	BOSTON MA 02116
P	NATHAN DAVID G Edward Benz M.D.	44 BINNEY STREET, L209	BOSTON MA 02115
TREAS	REX JAY B Jay B. Pieper	800 BOYLSTON STREET, SUITE 1150	BOSTON MA 02199
P	NATHAN, DAVID G MD	44 BINNEY STREET	BOSTON MA 02115
CFO	PUHY, DOROTHY E	44 BINNEY STREET	BOSTON MA 02115

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
NICOLE ROBIE
ASSISTANT SECRETARY

Date

10/15/01

REGISTERED AGENT MUST SIGN

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy E. Puhly

Date

10/15/01

617-632-2493

Daytime Phone #

CR2E040 (8/01)