

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

DOCUMENT # LO3000048707

1. Limited Liability Company's Name Florida Cancer Specialists, LLC

CR2E041 (8/05)

2. Principal Office Address 2200 West 1st St.
3. Mailing Office Address 2200 West 1st St.

Suite, Apt. #, etc.

City & State Sanford, FL Sanford, FL

Zip Country 32771 Seminole 32771 Seminole

[Handwritten initials]

4. State/Country of Formation Florida / Seminole

5. Date Organized or Qualified To Do Business in Florida 12/01/03

6. FEI Number 03-0537316 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name John D. Looper

Street Address (P.O. Box Number is Not Acceptable) 2200 West 1st St.

Suite, Apt. #, Etc.

City Sanford State FL Zip Code 32771

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent John D. Looper Date 04-07-06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip.
<u>M/GRM</u>	<u>John D. Looper</u>	<u>Same as above</u>	
		<u>pdck # 4805</u>	
		<u>04/21/06 \$250.00</u>	

980075105979
05/23/05--01059--004 **250.00

REINSTATEMENT
04-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager John D. Looper Date 04/07/06 Daytime Phone # 407 321 3040

Typed or printed name of signing Managing Member/Manager