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Florida Department of State
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RECEIVED
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FOREIGN LIMITED LIABILITY COMPANY

US Oncology Pharmaceutical Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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5 p

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 1. US Oncology Pharmaceutical Services, LLC (Name of foreign limited liability company)
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 06-1694195 (FEI number, if applicable)
4. 03/20/2003 (Date of Organization)
5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 16825 Northchase Drive, Suite 1300, Houston, TX 77060 (Street address of principal office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows: see attached

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Oncology Pharmaceutical Services and Admixture

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Phillip H. Watts Typed or printed name of signee

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Attachment

Attachment to Florida
Member / Manager Information

- 1. Full Name: R. Dale Ross
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060
- 2. Full Name: Bruce D. Broussard
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060
- 3. Full Name: George D. Morgan
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060
- 4. Full Name: Phillip H. Watts
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060
- 5. Full Name: David Reese
Business Address: 16825 Northchase Drive, Suite 1300
City: Houston
State: TX
ZIP Code: 77060

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

US Oncology Pharmaceutical Services, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

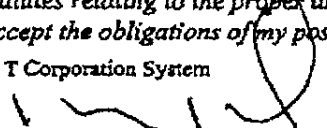
(City/State/Zip)

07 JUL 30 AM 8:51
STATE OF FLORIDA
DEPARTMENT OF CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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By:



(Signature)

**KIRK HOOD
ASSISTANT SECRETARY**

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

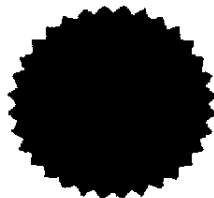
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US ONCOLOGY PHARMACEUTICAL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

07 JUL 30 AM 8:51
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3265113

DATE: 07-29-04

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