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FLORIDA/FOREIGN LIMITED LIABILITY CO.

JJSP LLC

MAR 28

Certificate of Status Certified Copy 0 Page Count 04 \$125.00 Estimated Charge

A. LUNT MAR 31 2008 EXAMINA

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. JJSP LLC (Name of Foreign Limited Liabil | ity Company, must include | "Limited Liability Compan | ıy," "L.L.C.," or "LI | -C.") |
|--|--|---|---|---|
| (If name unavailable, enter alternate nan consent of the managers or managing me Company," "L.L.C.," "LLC.") | ne adopted for the purpose embers adopting the altern | of transacting business in Fi ate name. The alternate name | forida and attach a co e must include "Lim | opy of the writtited Liability |
| 2. Delaware | 3. | | | |
| (Jurisdiction under the law of which f company is organized) | oreign limited liability | (FEI number | , if applicable) | |
| 4. April 28, 2006 | 5. | Perpetual | | |
| (Date of Organization) | | (Duration: Year limited linexist or "perpetual") | ability company will | cease to |
| 5 | | | 7 | |
| (Date first t | ransacted business in Flori 608.501 & 608.502 F.S. to | da, if prior to registration.) determine penalty liability) | ECR | **** |
| 7. 5750 Centre Avenue, Suite 300, Pitt | sburgh, PA 15206 | | WARI REL AHA | egenting. |
| | | | 28 RY SE | 1 |
| ···· | (Street Address of | Principal Office) | | 9 - 8 - 8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| 3. If limited liability company is | | | STATE | |
| 7). The name and usual business a (1) Joseph Nicholas, 5750 Centre A | | | ers are as follows | |
| Pittsburgh, PA 15206; (3) Stanley N | farks, 5750 Centre Ave., \$ | te. 300, Pittsburgh, PA 1520 | 6; and (4) Peter Elli | B, |
| 5750 Centre Ave., Ste. 300, Pittsbut | gh, PA 15206 | | | |
| 10. Attached is an original certificate of exhibit it is the jurisdiction under the law of which it is ranslation of the certificate under oath of the | organized. (A photocopy i | snot acceptable. If the certific | | |
| 1. Nature of business or purpose | s to be conducted or p | romoted in Florida: Ac | et as general partner i | lo |
| Cancer Treatment Services Internation | onal L.P., a Delaware limit | ed partnership, qualifying in | Florida | • |
| | M Tel- | | | |
| (In occordance | with section 608.408(3), F.S., | orized representative of the execution of this documen that the facts stated herein are | t constitutes | · |
| Joseph Nichol | as, Member | | | |

Typed or printed name of signee

. .

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:

| . The name and t | the Florida street address | s of the registered agent | and office a | rė: | |
|-------------------|--|---|--------------------------------|--------------------------------|----------------------------|
| | С | T Corporation System | | SECR | 7000 H |
| | | (Name) | | ASS | |
| | 1200 | 0 South Pine Island Road | | RY O | 8 |
| | Florida Street Ac | ddress (P.O. Box NOT ACCE | PTABLE) | ال (7) الم _ي فيا | |
| • | Plantation | RÍ | 33324 | TATE ORID | w. |
| | | City/State/Zip | | | W |
| ability company a | d as registered agent and t the place designated in | FL City/State/Zip I to accept service of proc this certificate, I hereby a trher agree to comply with | ess for the a accept the ap | ORIES DOVE STATES pointment | d limited as registered |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

JJSP. LLC

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JJSP 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 THIRD DAY OF MARCH, A.D. 2008.

AND I DO REREBY FORTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4150551 8300

080273079

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6419671

DATE: 03-03-08

You may verify this certificate online at corp.delaware.gov/authver.shtml