

**H1100002261**

Division of Corporations

Page 1 of 2

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H11000120338 3)))



H110001203383ABCT

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEMS  
Account Number : FCA0000000028  
Phone : (850) 222-1000  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 4/29

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

11 MAY -4 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
Comprehensive Cancer Centers, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	059
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -24 PM 2:39

**FILED**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Comprehensive Cancer Centers, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Melinda Gardner, Legal Assistant

Name of Person

c/o Sidley Austin LLP

Firm/Company

555 West Fifth Street, Suite 4000

Address

Los Angeles, CA 90013

City/State and Zip Code

mgardner@sidley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Gardner

Name of Person

at (213)

896-6149

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



May 2, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: COMPREHENSIVE CANCER CENTERS, LLC  
REF: W11000024282

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist IIFAX Aud. #: H11000120338  
Letter Number: 511A00010567

RECEIVED

11 MAY -4 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APTIUM ONCOLOGY, INC.  
8201 Beverly Boulevard  
Los Angeles, CA 90048

May 3, 2011

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Consent to use Name

Ladies and Gentlemen:

Please be advised that we, Aptium Oncology, Inc. (P37267), a Delaware corporation qualified to do business in Florida, consent to the use of the name "Comprehensive Cancer Centers, LLC" by such company, which was formed in California and plans to register to do business in Florida. Aptium Oncology, Inc. is the sole member of Comprehensive Cancer Centers, LLC.

If you have any questions, please call me at 323.966.3400.

Sincerely,

Aptium Oncology, Inc.

A handwritten signature in black ink, appearing to read "P. Jessup", written over a horizontal line.

Peter H. Jessup, Chief Executive Officer

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

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

1. Comprehensive Cancer Centers, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written  
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability  
Company," "L.L.C.," "LLC.")

2. California  
(Jurisdiction under the law of which foreign limited liability  
company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)

4. April 5, 2011  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to  
exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8201 Beverly Boulevard  
Los Angeles, CA 90013  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

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

Jeffrey A. Pott, 8201 Beverly Boulevard, Los Angeles, CA 90013

Peter H. Jessup, 8201 Beverly Boulevard, Los Angeles, CA 90013

Peter J. Rogers, 8201 Beverly Boulevard, Los Angeles, CA 90013

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: Cancer treatment

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. I am aware that any false information submitted in  
document to the Department of State constitutes a third degree felony as provided for in s.817.155,

Peter H. Jessup, Manager

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR - 24 PM 2:39

FILED

**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:

Comprehensive Cancer Centers, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

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

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

*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, Florida Statutes.*

CT Corporation System

By:

*Donald Bouff*  
(Signature)

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

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** COMPREHENSIVE CANCER CENTERS, LLC

**FILE NUMBER:** 201109510233  
**FORMATION DATE:** 04/05/2011  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 28, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State