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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 05 DEC 20 PH 12:-32 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name N01000000854 Moffitt Morton Plant Cancer Care, Inc. 400062284944 3. Mailing Office Address 2. Principal Office Address Powell Cancer Center Powell Cancer Center Suite, Apt # etc. Suite Apt # etc 303 Pinellas St. 303 Pinellas St. 4. Date incorporated or Qualified 02/05/2001 To Do Business in Florida City & State City & State Applied For 5. FEI Number Clearwater, FL Clearwater, FL 593736898 Not Applicable Zip Country Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33756 USA USA 33756 7. Name and Address of Current Registered Agent Name John A. Kolosky Street Address (P.O Box Number is Not Acceptable)
Powell Cancer Center, 303 Pinelias St. Suite Apt # Etc City Clearwater Zip Code 33756 FL ed agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503. F.S. Signature of REGISTERED AGENT MUST SIGN Street Addresses of Each Officer and/or Dire stor (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip PLEASE SEE ATTACHED LIST 10. 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 filling this reinstalement 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 John A. Kolosky, President SIGNATURÉ: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Document NO.: N01000000854

ATTACHMENT TO NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

MOFFITT MORTON PLANT CANCER CARE, INC. c/o Powell Cancer Center Clearwater, Florida 33756 Pinellas County

BLOCK 10, OFFICER AND DIRECTORS

Jack A. Kolosky D, C c/o H. Lee Moffitt Cancer Center and Research Institute 12902 Magnolia Drive Tampa, Florida 33612

Hal Ziecheck D, S, T c/o Morton Plant Mease Hospital 300 Pinellas Street Clearwater, FL 33756

Tim McMahon D, M, T c/o Powell Cancer Center 303 Pinellas Street, MS 127

Clearwater, Florida 33756

Alan Bomstein D c/o Morton Plant Mease Hospital 300 Pinellas Street Clearwater, FL 33756

D, Chief Medical Officer W. Michael Alberts, M.D. c/o Powell Cancer Center Clearwater, Florida 33756

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D Paul Goldenfarb, M.D. c/o Powell Cancer Center Clearwater, Florida 33756

L Beth Houghton, Esq. D c/o Powell Cancer Center Clearwater, Florida 33756

D Peter Blumencranz, M.D. c/o Powell Cancer Center Clearwater, Florida 33756



File First

| TOOL CONTAIN |
|---|
| ACCOUNT NO. : 072100000032 |
| REFERENCE : 767788 7223174 |
| AUTHORIZATION : |
| COST LIMIT : \$ 52.50 * * YOU SHOULD HAVE SOME MONEY ON ACCOUNT FOR THIS FILING. |
| ORDER DATE : December 20, 2005 |
| ORDER TIME : 10:13 AM |
| ORDER NO. : 767788-005 |
| CUSTOMER NO: 7223174 |
| |
| DOMESTIC FILINGS |
| NAME: MOFFITT MORTON PLANT CANCER CARE, INC. CARE, INC. |
| XX REINSTATEMENT SAC S |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Kelly Courtney - Ext# 2916 |
| EXAMINER'S INITIALS |