2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N07000011562

Entity Name: FLASCO CANCER TRIALS NETWORK, INC.

Current Principal Place of Business:

C/O RANDAL H. HENDERSON, MD, MBA
2015 N. JEFFERSON STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

C/O RANDAL H. HENDERSON, MD, MBA
2015 N. JEFFERSON STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 26-1997841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDERSON, RANDAL H MD, MBA
2015 N. JEFFERSON STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RANDAL H. HENDERSON, MD, MBA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HENDERSON, RANDAL H MD,MBA
Address: 2015 N. JEFFERSON STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete
Name: CASSELL, ROBERT MD
Address: POST OFFICE BOX 91057
City-St-Zip: LAKELAND, FL 338041057

Title: D ( ) Delete
Name: LEVINE, RICHARD MD
Address: 850 CENTURY MEDICAL DRIVE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDAL H. HENDERSON, MD, MBA D 10/28/2008
Electronic Signature of Signing Officer or Director — Date