PLEASE READ	ALL INSTRUCTIONS	S BEFORE CO	OMPLETING THIS FORM.		
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT Sandra B. Morth Secretary of Sta		ENT OF STATE ortham State	FILED 97 MAR 31 PM 12: 29		
DOCUMENT # P950000 14216 (2)  1. Corporation Name Oncology Care Corp			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business  Malling Address  HIA Leah, Florida 33013  Hia Leah, FC  33013  If above addresses are incorrect in any way, line through incorrect Information and enter correction below.			REINSTATEMENT 9	0-97	
New Principal Office Address, If Applicable			DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State City & State			15 6200 -	lot Applicable	
Zip Country	Zip Cour		6. CERTIFICATE OF STATUS DESIRED 58.75 Addition for a Certific		
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpo	prations must list at least	1 3 directors)		
Name of Officers Title(s) 1  Name of Officers and/or Directors 1  Street Address of E Officer and/or Directors Officer and/or Directors 1  Officer and/or Directors Officer and/or Directors Officer and/or Directors			r City / State / Zip		
P/WP/T Gary Zeik #381 MiAmi LAKE, FL 3301,  5 Eleunor K. Massing Rembrote Pines, FL 33005  800002129968-2 -04/01/97-01060-006 ****915.00 ****915.00					
a B. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent	97	
Bryan W. Miller 8991 NW 1883 Minni, FL 33	e,Jr 54. 018	Name  Elevano Street Address (P.C.  1.5 & D.  Suite, Apr. #, Etc.  Oity  Company  Co	Ekanop 4. Masing Street Address (P.O. Box Number is Not Acceptable) 15-80-60 114-40-		
10. I, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Section 607.0505, F.S.  Date 3-28-97  REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No Intangible tax.)					
12. I do hereby cartify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 reinstatement application be reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR SIGN Dayline Phone #					