

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90307 042 ****61.25

DOCUMENT # F99000002435

1. Entity Name
DANA-FARBER / PARTNERS CANCER CARE, INC.

Principal Place of Business 44 BINNEY STREET, L209 C/O DIRECTOR OF ECONOMIC & REGULATORY BOSTON MA 02115		Mailing Address 44 BINNEY STREET, L209 C/O DIRECTOR OF ECONOMIC & REGULATORY BOSTON MA 02115-6013	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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See attached list of officers and directors.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONNORS, JOHN M JR. 200 CLARENDON STREET, 39TH FLOOR BOSTON MA 02116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David G. Nathan, M.D. 44 Binney Street Boston, MA 02115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NATHAN, DAVID G 44 BINNEY STREET, L209 BOSTON MA 02115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Administrative Officer/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dorothy E. Puhy 44 Binney Street Boston, MA 02115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete MEYER, BRIAN S 44 BINNEY STREET, L209 BOSTON MA 02115	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clerk <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elizabeth Molodovsky, Esq. 50 Staniford Street, Suite 1000 Boston, MA 02114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPIE <input type="checkbox"/> Delete PER, JAY B 800 BOYLSTON STREET, SUITE 1150 BOSTON MA 02199	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jay B. Pieper 800 Boylston Street, Suite 1150 Boston, MA 02199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David G. Nathan* 4/26/00 (617) 632-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

0094712
#F9900002435

DANA-FARBER / PARTNERS CANCER CARE, INC.
FEDERAL TAX ID # 04-3320640
September 30, 1999

	STATUS
Austen, W. Gerald, M.D. Bus: Edward D. Churchill Professor of Surgery Massachusetts General Hospital Fruit Street, White 5, Room 6 Boston, MA 02114 (617) 726-2050	TRUSTEE
BRAUNWALD, EUGENE, M.D. Bus: Vice President for Academic Programs Partners HealthCare System, Inc. 800 Boylston Street, Suite 1150 Boston, MA 02199 (617) 278-1086	TRUSTEE
CONNORS, JOHN M., JR. Bus: President and Chief Executive Officer Hill, Holiday, Connors & Cosmopoulos 200 Clarendon Street, 39th Floor Boston, MA 02116 (617) 572-3500	TRUSTEE & CHAIRMAN
COUNTRYMAN, GARY L. Bus: Chairman Liberty Mutual Insurance Companies 175 Berkeley Street Boston, MA 02117 (617) 357-9500	TRUSTEE
GOLDSTEIN, ARTHUR L. Bus: Chairman and Chief Executive Officer Ionics, Inc. 65 Grove Street Watertown, MA 02472 (617) 926-2510	TRUSTEE

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DANA-FARBER / PARTNERS CANCER CARE, INC.

FEDERAL TAX ID # 04-3320640

September 30, 1999

	STATUS
O'REILLY, VINCENT M.	TRUSTEE
Bus: Distinguished Senior Lecturer Boston College Carroll Graduate School of Management 140 Commonwealth Avenue Chestnut Hill, MA 02167 (617) 552-1762	
SMITH, RICHARD A.	TRUSTEE
Bus: Chairman and Chief Executive Officer Harcourt General, Inc. P.O. Box 1000- 27 Boylston Street Chestnut Hill, MA 02167 (617) 278-5220	