


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F99000002435

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

Principal Place of Business	Mailing Address
44 BINNEY STREET, L209 C/O DIRECTOR OF ECONOMIC & REGULATORY BOSTON MA 02115	44 BINNEY STREET, L209 C/O DIRECTOR OF ECONOMIC & REGULATORY BOSTON MA 02115


If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	375 Longwood Ave. Rm. 1233 Boston, MA
City & State	City & State
Zip	02115
Country	Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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4. Date Incorporated or Qualified To Do Business in Florida	05/06/1999
5. FEI Number	NOT APPLICABLE
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	CONNORS, JOHN M JR.	200 CLARENDON STREET, 39TH FLOOR	BOSTON MA 02116
P	NATHAN DAVID G Edward Benz M.D.	44 BINNEY STREET, 209	BOSTON MA 02115
TRP	REX JAY B Jay B. Pieper	800 BOYLSTON STREET, SUITE 1150	BOSTON MA 02199
P	NATHAN, DAVID G MD	44 BINNEY STREET	BOSTON MA 02115
CFO	PUHY, DOROTHY E	44 BINNEY STREET	BOSTON MA 02115

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Nicole Robie* **SIGNATURE REQUIRED** **NICOLE ROBIE** ASSISTANT SECRETARY Date: 10/15/01

REGISTERED AGENT MUST SIGN

11. 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 filing this reinstatement 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 same legal effect as if made under oath.

SIGNATURE: *Dorothy E. Puh* **SIGNATURE REQUIRED** Dorothy E. Puh Date: 10/15/01 617-632-2493

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

CR20040 (8/01)