

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mg 4/12

DOCUMENT # **L98000000405**

1. Entity Name
OCALA REGIONAL CANCER CENTER, L.C.

Principal Place of Business 3406 N LECANTO HWY SUITE A BEVERLY HILLS FL 34465	Mailing Address 3406 N LECANTO HWY SUITE A BEVERLY HILLS FL 34465-3548
--	---

2. Principal Place of Business 3201 S.W. 33rd Road Suite, Apt. #, etc.	3. Mailing Address 2650 Elm Avenue Suite, Apt. #, etc. 205
---	---

City & State Ocala, FL	City & State Long Beach, CA	4. FI 59-3538907	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 34474	Country Marion	Zip 90806	Country L.A.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EGAN, THOMAS M
915 SE 17TH STREET
OCALA FL 34471

7. Name and Address of New Registered Agent

Name
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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003213388--8
-04/18/00--01108--015
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM COMMUNITY RADIATION ONCOLOGY CENTERS, INC 2650 ELM AVE, SUITE 205 LONG BEACH CA 90806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM FLORIDA INSTITUTE OF RADIATION & ENDOCRINE 3406 N LECANTO HIGHWAY BEVERLY HILLS FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *(Signature)* **3/27/02** (562) 492-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #