

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000405

1. Entity Name

OCALA COMMUNITY CANCER CENTER, L.C.

FILED

01 JUL 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3201 S.W. 33RD ROAD
OCALA FL 34474

Mailing Address

3201 S.W. 33RD ROAD
OCALA FL 34474

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2650 ELM AVENUE

Suite, Apt. #, etc.

205

City & State

City & State
LONG BEACH, CA

Zip

Country

Zip
90806

Country
USA

4. FEI Number 59-3538907

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
COMMUNITY RADIATION ONCOLOGY CENTERS, INC
2650 ELM AVE., SUITE 205
LONG BEACH CA 90806

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
FLORIDA INSTITUTE OF RADIATION & ENDOCRINE
3406 N LECANTO HIGHWAY
BEVERLY HILLS FL 34465

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300004493453--4

07/24/01--01053--006

*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/12/01 (562) 492-6695

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE