

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90011 011 ****50.00

DOCUMENT # L98000000405

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

Principal Place of Business 3201 S.W. 33RD ROAD Ocala FL 34474	Mailing Address 2650 ELM AVENUE. #205 LONG BEACH CA 90806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3538907	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
EGAN, THOMAS M 915 SE 17TH STREET OCALA FL 34471			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input type="checkbox"/> Delete COMMUNITY RADIATION ONCOLOGY CENTERS, INC 2650 ELM AVE. SUITE 205 LONG BEACH CA 90806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input type="checkbox"/> Delete FLORIDA INSTITUTE OF RADIATION & ENDOCURIE 3406 N LECANTO HIGHWAY BEVERLY HILLS FL 34465	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
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
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

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]* **SIGNATURE REQUIRED** Date: 1/9/02 Daytime Phone #: (562) 492-6695

CR2E083 (9/01)