2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000430

1. Entity Name

FLORIDA CANCER SPECIALISTS, P.L.

FILED
Feb 01 2000 8:00 am
Secretary of State

Principal Place of Business	Mailing Address
12051 WORLD PLAZA LANE SUITE 51 FORT MYERS FL 33907-8108	12051 WORLD PLAZA LANE SUITE 51 FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12501 World Plaza Lane	12501 World Plaza Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0825133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARWIN, WILLIAM N M.D. 12051 WORLD PLAZA LANE SUITE 51 FORT MYERS FL 33907-8108	Name Street Address (P.O. Box Number is Not Acceptable): 12501 World Plaza Lane 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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARWIN, WILLIAM N M.D. 12051 WORLD PLAZA LANE SUITE 51 FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12501 World Plaza Lane, Suite 51
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TEUFEL, THOMAS E M.D. 12051 WORLD PLAZA LANE SUITE 51 FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12501 World Plaza Lane, Suite 51
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003123626--2 -02/04/00--01009--007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER