

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90565 024 *****50.00

DOCUMENT # L98000000430

1. Entity Name

FLORIDA CANCER SPECIALISTS, P.L.

Principal Place of Business

12501 WORLD PLAZA LANE
 SUITE 51
 FORT MYERS FL 33907-8108

Mailing Address

12501 WORLD PLAZA LANE
 SUITE 51
 FORT MYERS FL 33907-8108

2. Principal Place of Business

3. Mailing Address

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.
 12501 WORLD PLAZA LANE
 SUITE 51
 FORT MYERS FL 33907-8108

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWIN, WILLIAM N M.D. 12501 WORLD PLAZA LANE # 51 FORT MYERS FL 33907-8108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEUFEL, THOMAS E M.D. 12501 WORLD PLAZA LANE # 51 FORT MYERS FL 33907-8108	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GONTER, PAUL W. M.D. 12501 WORLD PLAZA LANE # 51 FORT MYERS, FL. 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HART, LOWELL L. M.D. 12501 WORLD PLAZA LANE # 51 FORT MYERS, FL. 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HELDRETH, DOUGLAS D. M.D. 12501 WORLD PLAZA LANE # 51 FORT MYERS, FL. 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIM, BRIAN K. M.D. 12501 WORLD PLAZA LANE # 51 FORT MYERS, FL. 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIFTON, ROBIN MD 12501 WORLD PLAZA LANE # 51 FORT MYERS, FL. 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCLEOD, MICHAEL J, D.O. 12501 WORLD PLAZA LANE # 51 FORT MYERS FL. 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E083 (9/01)

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.

W. L.

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000430**

Attachment

1. Entity Name

FLORIDA CANCER SPECIALISTS, P.L.

Principal Place of Business

**12501 WORLD PLAZA LANE
SUITE 51
FORT MYERS FL 33907-8108**

Mailing Address

**12501 WORLD PLAZA LANE
SUITE 51
FORT MYERS FL 33907-8108**

936865

2. Principal Place of Business

3. Mailing Address

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.
12501 WORLD PLAZA LANE
SUITE 51
FORT MYERS FL 33907-8108**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MOSKOWITZ, MARK J MD
12501 WORLD PLAZA LANE # 51
FORT MYERS FL. 33907**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ORMAN, Stephen V M.D.
12501 WORLD PLAZA LANE # 51
FORT MYERS FL. 33907**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**RAYMOND, MICHAEL G.
12501 WORLD PLAZA LANE # 51
FORT MYERS FL. 33907**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**REEVES, JAMES A JR MD
12501 WORLD PLAZA LANE # 51
FORT MYERS FL. 33907**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**RUBIN, MARK S. M.D.
12501 WORLD PLAZA LANE # 51
FORT MYERS, FL. 33907**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**RUBINSK, JAMES R MD
12501 WORLD PLAZA LANE # 51
FORT MYERS, FL. 33907**

☐ 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)(j), 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.

CR20ENR3 (0/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000430**

1. Entity Name

FLORIDA CANCER SPECIALISTS, P.L.

Principal Place of Business

**12501 WORLD PLAZA LANE
SUITE 51
FORT MYERS FL 33907-8108**

Mailing Address

**12501 WORLD PLAZA LANE
SUITE 51
FORT MYERS FL 33907-8108**

2. Principal Place of Business

3. Mailing Address

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.
12501 WORLD PLAZA LANE
SUITE 51
FORT MYERS FL 33907-8108**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

**STEPHENSON, PHYLLIS A MD
12501 WORLD PLAZA LANE #51
FORT MYERS FL 33907**

**TETREAU, SCOTT A M.D.
12501 WORLD PLAZA LANE #51
FORT MYERS, FL 33907**

**WOYTOWITZ, DONALD V. JR MD
12501 WORLD PLAZA LANE #51
FORT MYERS, FL 33907**

**WRIGHT-BROWNE, VANCE M. MD
12501 WORLD PLAZA LANE #51
FORT MYERS FL 33907**

CPD#93 (9/01)

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.