2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT :	# L98000	0000430	
FLORIDA CANCER			
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Principal Pla	ace of Business	Mailing Address	,	
12501 WORLD PLAZA LANE SUITE 51 FORT MYERS FL 33907-8108 12501 WORLD PLAZA LANE SUITE 51 FORT MYERS FL 33907-8108				
		•		I (BRIEDII DIN ININ ININ ARNI ARNI ARNI ARNI ARNI AR
2. Principal	Place of Business	3. Mailing Address		
0.45				, taeripit até latal lesti antil
Suite, Ap	t.#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Sta	ate ,	City & State		4. FEI Number CF 000F 400 Applied For
- ,		ony a oraco		4. FEI Number 65-0825133 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional
	S Name and Address 40	1		Fee Required
	6. Name and Address of Currer	nt Registered Agent	Non	7. Name and Address of New Registered Agent
ЫV	RWIN, WILLIAM N M.D.		Nan	
	501 WORLD PLAZA LANE		Stre	eet Address (P.O. Box Number is Not Acceptable)
	ITE 51		ļ	
	RT MYERS FL 33907-8108			
			City	FL Zip Code
8. The above	named entity submits this statement f	or the nurnose of changing	its registered office	be or registered agent, or both, in the State of Florida.
		Make Check F	ue By May 1, 2	artment of State.
9.	MANAGING MEMBI	12 . 22	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	CONTER PAUL W. M.D. Change WAddition
NAME	HARWIN, WILLIAM N M.D.		NAME	GONTER, PAUL W. M.D. Change WAddition 12501 WORLD PLAZA LANC #51
STREET ADDRESS	12501 WORLD PLAZA LANE	751	STREET ADDRES	
CITY-ST-ZIP	FORT MYERS FL 33907-8108		CITY-ST-ZIP	FORT MYERS, FL. 33907
TITLE	MGRM	☐ Delete	TITLE	Change Addition
NAME	TEUFEL, THOMAS E M.D.		NAME	HART, LOWELL L. M.D.
STREET ADDRESS {	12501 WORLD PLAZA LANE	+ 51	STREET ADDRES	1
	FORT MYERS FL 33907-8108		CITY-ST-ZIP	FORT MYERS, FL. 33907
TITLE		L_ Delete	TITLE	☐ Change ☐ Addition
NAME Street Address			NAME STREET ADDRES	MelDreth, Douglas D. M.D. 12501 WORLD PLAZA LANE #51
CITY-ST-ZIP			CITY-ST-ZIP	EARL MYARE EL 220-3
TITLE		☐ Delete	TITLE	FORT MYERS FL. 33907
IAME		L.J. Delete	NAME	KIM BRIAN K. M.S.
TREET-ADDRESS-				KIM, BRIAN K. M.D. So 12501 WORLD-PLAZA-LANE #-51
ITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS, FL. 33907
ITLE	·····	☐ Delete	TITLE	☐ Change ☐ Addition
IAME		5000	NAME	LIFTON, ROBIN MD Change Addition 1250/ WORLD PLAZA LANE # SI
TREET ADDRESS			STREET ADDRESS	S 1250/ WORLD PLAZA LANC # SI
ITY-ST-7IP			OUT) OT 710	1 - 1 10011 5 1 55

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

FORT MYERS, FL. 33907

McCLEOP, MICHAEL J, D.O. 12501 WORLD PLAZA LANE #51

CITY-ST-ZIP

SCHATURE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Addition

FORT MYCRS FL. 33907 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(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.

200	2 UNIFORM BUS	INESS REPO	RT_(UE	
		000430		- AHOCUMENT
FLORI	da Cancer Specialists, P	I.L.		
12501 WORL SUITE 51	Principal Place of Business Mailing Address 12501 WORLD PLAZA LANE SUITE 51 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.		DO NOT WRITE IN THIS SPACE
City & Sta	te	City & State		4. FEI Number 65-0825133 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Space Spa
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
125	rwin, William n M.D. 501 World Plaza Lane ITE 51		Street	Address (P.O. Box Number is Not Acceptable)
F0	RT MYERS FL 33907-8108		City	· FL Zip Code
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	or registered agent, or both, in the State of Florida. ature required when reinstating) DATE \$50(00
			By May 1: 20	02
9.	MANAGING MEMBE	RS/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
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORMAN, Stephen V M.D. Change Addition 12501 WORLD PLAZA LANE #51 FORT MYERS FL. 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAYMOND, MICHAEL G. Change PAddition 12501 WORLD PLAZA LANE # 51 FORT MYERS FL. 33907
TITLE NAME -STREET-ADDRESS-		☐ Delete	TITLE NAME STREET-ADDRESS	Recves, James A JR MD Change PAddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORT MYERS FL. 33907 Change Addition RUBIN, MARK S. M.D. 12501 WORLD PLAZA LANC #51
CITY-ST-ZIP TITLE NAME		. Delete	CITY-ST-ZIP TITLE NAME	FORT MYERS, FL. 3390) RUBINSAK, JAMES R MD Change Change (Addition) 12 501 WORLD PLAZA LANE #5)
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	FORT MYERS, FL. 33907

^{11.} I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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.

2002 UN	IFORM BUS	INESS REPO	DRT_(U	JBR)
DOCUMENT # L9800000430			- Marinant	
1 . *	ER SPECIALISTS, P	L.		HIMMO
Principal Place of Busine 12501 WORLD PLAZA LA SUITE 51 FORT MYERS FL 33907-8	PLAZA LANE 12501 WORLD PLAZA LANE SUITE 51			931805
Principal Place of Bus Suite, Apt. #, etc.	siness	3. Mailing Address		DO NOT WRITE IN THIS SPACE
City & State		Suite, Apt. #, etc. City & State		L Applied For
Zip	Country	Zip	Country	Not Applicable
	,			5. Certificate of Status Desired Fee Required
6. Nam	e and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Harwin, Wil 12501 Worli Suite 51	LIAM N M.D. O PLAZA LANE			treet Address (P.O. Box Number is Not Acceptable)
	FL 33907-8108		City	ity FL Zip Code
8. The above named enti	ty submits this statement for	the purpose of changing its	registered offic	fice or registered agent, or both, in the State of Florida.
SIGNATURE	or printed name of registered agent a	nd title if applicable. (NOT)	E; Registered Agent si	nt signature required when reinstating) DATE
-3		#FILE N Make Check Pa	OWNING EE'I	SESTOIOU State :
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRES CITY-ST-ZIP	FORT MYERS FL. 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES	FORT MYERS, FL. 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Li Delete .	TITLE NAME STREET ADDRES CITY-ST-ZIP	WOYTOWITZ, DONALD V. JR MD RESS 12501 WORLD PLAZA LANE #51 FORT MYERS, FL. 3390)
TITLE NAME STREET ADDRESS	<u></u>	☐ Delete	TITLE NAME —STREET-ADDRES	WRIGHT-BROWNE, VANCE M. MD RESS 12501 WORLD PLAZA LANCE #51
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP	FORT MYERS FL. 33907
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		. Delete	TITLE NAME STREET ADDRESS	i !
CITY-ST-ZIP			CITY-ST-ZIP	

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