

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016288
AT

DOCUMENT # **A32595**

1. Entity Name
THE CORNERSTONE CANCER CENTER, LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 24 PH 1:34

Principal Place of Business
**3850 TAMPA ROAD
PALM HARBOR FL 34684**

Mailing Address
**3850 TAMPA ROAD
PALM HARBOR FL 34684**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3114885**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MICHAEL GANWITZ~~
~~2625 MCCORMICK DR. STE 104~~
~~CLEARWATER FL 33759~~

Name
~~MICHAEL GANWITZ~~ **D. Anda Norberg, MD**
Street Address (P.O. Box Number is Not Acceptable)
3850 Tampa Road
Palm Harbor,
City
FL Zip Code
34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. **\$297,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **297,000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000091319**
NAME **TEAM ONCO, INC.**
STREET ADDRESS **3850 TAMPA ROAD, SUITE 201**
CITY-ST-ZIP **PALM HARBOR FL 34684**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03 (727) 789-2595
Date Daytime Phone #

CP2E003 (10/02)

STAPLE CHECK HERE