2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001578

1. Entity Name

HIALEAH CANCER CARE CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business	Mailing Address
C/O RCAI 3511 W COMMERCIAL BLVD., #200 FT LAUDERDALE FL 33309	C/O RCAI 3511 W COMMERCIAL BLVD., #200 FT LAUDERDALE FL 33309-3322

DO NOT WRITE IN THIS SPACE

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 65-0535824 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MILLER, BRYAN W JR.~~
~~445 E. 25TH STREET~~ ~~8991 NW 188 St.~~
~~HIALEAH FL 33013~~

7. Name and Address of New Registered Agent

Name Victor Rones
Street Address (P.O. Box Number is Not Acceptable) 16105 NE 18 Ave
City N. Miami FL Zip Code 33162

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 Victor Rones DATE 04/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $350,000.00

10. Amount of Capital Contributions in FLORIDA to date. $100.00

11. MAKE CHECK PAYABLE TO 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 #	P94000085335	STREET ADDRESS	
NAME	MEDCO OF HIALEAH, INC.		
STREET ADDRESS	445 E. 25TH STREET	CITY - ST - ZIP	400003243984--2
CITY - ST - ZIP	HIALEAH FL 33013		
DOCUMENT #		STREET ADDRESS	-05/09/00--01026--029 ****300.00 ****150.00
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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 Oscar Ramirez For Gen Partner 04/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #