

2001 UNIFORM BUSINESS REPORT

A94000001578

DOCUMENT # **A94000001578**

1. Entity Name

Hialeah Cancer Care Center, Ltd

01 APR 30 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**C/O
RCAT
445 E 25 St
Hialeah, FL 33013**

**C/O
RCAT
445 E 25 St
Hialeah, FL 33013**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Victor K. Rones
16105 NE 18 Ave
N. Miami Bch, FL 33162**

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

9. Capital Contributions

as Shown on record.

350,000

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**
NAME **Medco of Hialeah, Inc**
STREET ADDRESS **445 E 25 St.**
CITY-ST-ZIP **Hialeah, FL 33013**

STREET ADDRESS

CITY-ST-ZIP

100004221131--7

STREET ADDRESS

CITY-ST-ZIP

05/16/01-01124-018
*****150.00 ***150.00**

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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

Andrew L. Posch

Gen. Partner

306-691

9066

SIGNATURE:

Andrew L. Posch

04/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)