

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT #A96000001991

1. Entity Name
BARDMOOR CANCER CENTER, LIMITED



FILED

04 JUN 17 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
8787 BRYAN DAIRY ROAD
SUITE 120
SEMINOLE, FL 33777
Largo

Mailing Address
8787 BRYAN DAIRY ROAD
SUITE 120
SEMINOLE, FL 33777
Largo

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3416042

Applied For
Not Applicable

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

TRALINS, MYLES J ESQUIRE
3310 ONE BISCAYNE TOWER
2 SOUTH BISCAYNE TOWER
MIAMI, FL 33131

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. 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. **\$2,500,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # **K46346**
NAME **RADLEASE, INC.**
STREET ADDRESS **8787 BRYAN DAIRY ROAD**
CITY-ST-ZIP **SEMINOLE, FL 33777**

DOCUMENT # **Largo, FL**

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not comply 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 form as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-15-04 727 320 0200

STAPLE CHECK HERE