

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016296 AT

DOCUMENT # A96000001991

1. Entity Name
BARDMOOR CANCER CENTER, LIMITED



FILED

03 APR 22 AM 8:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/22

Principal Place of Business
3850 TAMPA ROAD, SUITE 101
PALM HARBOR FL 34684

Mailing Address
3850 TAMPA ROAD, SUITE 101
PALM HARBOR FL 34684



2. Principal Place of Business

8787 Bryan Dairy Road

3. Mailing Address

8787 Bryan Dairy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

Suite 120

City & State

City & State

Seminole Florida

Seminole Florida

Zip

Country

33777 USA

Zip

Country

33777 USA

DUE BY MAY 1, 2003

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)

500016674145

04/22/03--01069--012 **526.25

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.

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 # K46346
NAME RADLEASE, INC.
STREET ADDRESS 3850 TAMPA ROAD, SUITE 101
CITY-ST-ZIP PALM HARBOR FL 34684

STREET ADDRESS 8787 Bryan Dairy Rd, Suite 120
CITY-ST-ZIP Seminole, Florida 33777

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E003 (10/02)