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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F51406

NAME

STREET ADDRESS

SOUTH FLORIDA REGIONAL CANCER CONSULTANTS I, INC

Principal Pla	ce of Business	Mailing Address				Commune was more under meers meers meine mint mint mint m	idee dedet d	HOLL OLDIC BIOLI (000
								`
PALM HARBOR FL 34684			3850 TAMPA RD PALM HARBOR FL 34684					
	,					DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
<u> </u>	_					10/26/1981		
2. Principal I	Place of Business	2a. Mailing Addre	iss	_		4. FEI Number	TT	Applied For
21		26				59-2134583	H	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #,	etc.				\$8.7	5 Additional
22			27			5. Certificate of Status Desired		Required
City & State		City & State	City & State			6. Election Campaign Financing	\$5.	NO May Bo
23		28	28			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Inta		
24	25	29	30			Personal Property Tax.	XZ Yes	□No
	9. Name and Address of C	urrent Registered Agent		$\mathbb{L}^{-}$		10. Name and Address of New Registered		
500	NOTEDED ATTIONS AND			81	Name			
	SISTERED SERVICES, INC			-	<u> </u>	<i></i>		·
21 SOUTHEAST FIRST AVE. 8TH FLOOR				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33131			83				
				84	City	FI	85 2	ip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florid	a Statutes, the a	bove	e-named corr	poration authorite this statement for the purpose of	hanging	its ragistered
OHICE OF	registered agent, or both, in the s	State of Florida. Such chang	e was autnonzed	י עס כ	the corporation	on's board of directors. I hereby accept the appoin	tment as	registered
	am familiar with, and accept the c	Joligations of, Section 607.0	ous, Florida Stat	utes.	•			1
SIGNATURE	Signature, typed or printed name of registers	and accept and title if applicable	(NOTE: Desistered					
12.		S AND DIRECTORS	13.	Agen	t signature require	ADDITIONS/CHANGES TO OFFICERS ANI	DIDEC	TODS 11.40
TITLE	DP	□ DE		—		ADDITIONS/CHANGES TO OFFICERS ANI	Chan	
NAME	TRALINS, ALAN H		1,2 N/					ge [] Addition
STREET ADDRESS	AASA TILIBA DD							}
	PALM HARBOR FL				ADDRESS			
CITY-ST-ZIP	TACINTARBOTTE	DE		TY-ST	T-ZIP			
	}	ال الح			- 1		☐ Chang	ge [] Addition
NAME	تاريخه داد الساحة		2.2 N/		_		<b>-</b> ·	
STREET ADDRESS					ADDRESS			i
CITY-ST-ZIP			2.40	TV CT	T_ 710			1
TITLE	Ī				1-241			
NAME			ETE 3.1 TT		1-230	No.	Chang	ge 🔲 Addition
STREET ADDRESS			.ETE 3.1 TT	TLE	1-21		Chang	ge
	,		3.2 NA	TLE	ADDRESS		Chang	ge
CITY-ST-ZIP			3.2 NA	TLE VME REET	ADDRESS		Chang	ge
CITY-ST-ZIP TITLE		□ DEI	3.2 NA 3.3 ST 3.4. CI	TLE NME REET A	ADDRESS		☐ Chang	}
			3.2 NA 3.3 ST 3.4. CI	TLE AME REET TY-ST TLE	ADDRESS			}
TITLE			32 NA 3.3 ST 3.4. CI ETE 4.1 TII 4.2 NA	TLE  WHE  REET,  TY-ST  TLE  AME	ADDRESS			}
TITLE NAME			32 NA 3.3 ST 3.4. CI ETE 4.1 TII 4.2 N/ 4.3 ST	TLE  TREET,  TY-ST  TLE  AME  REET,	ADDRESS [-ZIP	·		}
TITLE NAME STREET ADDRESS	,		32 NA 33 ST 3.4. CI ETE 4.1 TII 4.2 N/ 4.3 ST 4.4 CII	TLE  NME  REET  TLE  AME  REET  TY-ST	ADDRESS [-ZIP		Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DEI	32 NA 3.3 ST 3.4. CI ETE 4.1 TI 4.2 N/ 4.3 ST 4.4 CI	TLE TREET TLE THE TREET TLE TREET TLE TLE TLE TLE TLE TLE TLE TLE TLE	ADDRESS [-ZIP	·		ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	,	□ DEI	32 NA 3.3 ST 3.4. CI ETE 4.1 TII 4.2 N/ 4.3 ST 4.4 CI ETE 5.1 TII 5.2 NA	TLE  WHE  REET, TLE  AME  REET, TY-ST- LE  WE	ADDRESS I-ZIP  ADDRESS -ZIP		Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,	□ DEI	32 NA 3.3 ST 3.4 CI ETE 4.1 TII 4.2 N/ 4.3 ST 4.4 CI ETE 5.1 TIT 5.2 NA 5.3 ST	TLE  ME  TY-ST  TLE  AME  TY-ST  TLE  ME  TREET  TREET  TREET  TREET  TREET  TREET  TREET  TREET  TREET	ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS		Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	,	□ DEI	32 NA 3.3 ST 34. CI ETE 4.1 TII 4.2 N/ 4.3 ST 4.4 CI ETE 5.1 TIT 5.2 NA 5.3 ST 5.4 CI	TLE  MME  REET / TTY-ST  TLE  AME  REET / TY-ST  LE  ME  REET / TY-ST- TY-ST-	ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	·	Chang	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental profits office or director of the corporation or the supplemental office or director of the corporation or the supplemental profits of Block 12 or Block 13 if changed, or the supplemental profits of th In this lift globs of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to a report to fine and accurate and that my signature shall have the same legal effect as if made under oath; that I am an error trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in meet with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS