

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90005 011 ***150.00

DOCUMENT # H21702 OK
1. Corporation Name

FLORIDA CANCER SPECIALISTS, P.A.
FCS of Southwest Florida, P.A.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/19/1984

4. FEI Number

59-2441429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12501 World Plaza Lane

26 12501 World Plaza Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #51

27 #51

City & State

City & State

23 Fort Myers, FL

28 Fort Myers, FL

Zip

Country

Zip

Country

24 33907

25

29 33907

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William Harwin, M.D.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12501 World Plaza Lane, #51

83

84 City
Fort Myers

FL

85 Zip Code
33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME Harwin, William N., MD
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 12501 World Plaza Lane, #51
1.4 CITY-ST-ZIP Fort Myers, FL 33907

TITLE DV ☐ DELETE
NAME Teufel, Thomas E., MD
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 12501 World Plaza Lane, #51
2.4 CITY-ST-ZIP Fort Myers, FL 33907

TITLE DV ☐ DELETE
NAME Reeves, James A., MD
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 12501 World Plaza Lane, #51
3.4 CITY-ST-ZIP Fort Myers, FL 33907

TITLE DV ☐ DELETE
NAME Hart, Lowell L., MD
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 12501 World Plaza Lane, #51
4.4 CITY-ST-ZIP Fort Myers, FL 33907

TITLE DV ☐ DELETE
NAME Moskowitz, Mark J., MD
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 12501 World Plaza Lane, #51
5.4 CITY-ST-ZIP Fort Myers, FL 33907

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)