2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003
Secretary of State

DOCUMENT# J40481

Entity Name: ASSOCIATES IN CANCER CARE, P.A.

Current Principal Place of Business:

6100 WINKLER RD
STE D
FORT MYERS, FL 33919 US

New Principal Place of Business:

13685,DOCTOR'S WAY
#140
FORT MYERS, FL 33912 US

Current Mailing Address:

6100 WINKLER DR
SUITE D
FORT MYERS, FL 33919 US

New Mailing Address:

13685,DOCTOR'S WAY
#140
FORT MYERS, FL 33912 US

FEI Number: 59-2731508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANA, VANRAJSINH G.
6100 WINKLER RD
SUITE D
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

RANA, VANRAJSINH G D
13685,DOCTOR'S WAY
#140
FT MYERS, FL 33912 US

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: VANRAJSINH.G.RANA 04/17/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RANA, VANRAJSINH G.,
Address: 6100 WINKLER RD SUITE D
City-St-Zip: FT MYERS, FL

Title: S ( ) Delete
Name: RANA, P. V.,
Address: 6100 WINKLER RD SUITE D
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RANA, VANRAJSINH G MD
Address: 13685,DOCTOR'S WAY,#140
City-St-Zip: FT MYERS, FL 33912 US

Title: S (X) Change ( ) Addition
Name: RANA, PRAFULLA V
Address: 13685,DOCTOR'S WAY,#140
City-St-Zip: FT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANRAJSINH.G.RANA D 04/17/2003
Electronic Signature of Signing Officer or Director Date