

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90106 028 \*\*\*150.00

DOCUMENT # **M15954**

1. Entity Name

AMERICAN ONCOLOGY CENTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6880 S.W. 132 Street

3. Mailing Address

6880 S.W. 132 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Miami, Florida

City &amp; State

Miami, Florida

4. FEI Number

65-0223329

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 7. Name and Address of Current Registered Agent

Name

Francisco Tejada, M.D.

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

6880 S.W. 132 Street

City

Miami

FL

Zip Code

33156

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Tejada, Francisco 6880 S.W. 132 Street Miami, Florida 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Tescher, Donald R. 2101 Corporate Blvd., Suite 107 Boca Raton, Florida 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE  
IN THIS SPACE

13. 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 or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

*Francisco Tejada, M.D. President 2/20/2002 (805) 251-4540*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)