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FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23492 (4)

1. Corporation Name

INTERCENTER CANCER RESEARCH GROUP, INC.



Principal Place of Business

Mailing Address

100 NW 170TH ST  
N MIAMI BEACH FL 33169

100 NW 170TH ST  
N MIAMI BEACH FL 33169-3321  
1180 N. Indian Canyon Dr.  
Palm Springs, CA  
92262

3. Date Incorporated or Qualified  
11/17/1987

3a. Date of Last Report  
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 1180 N. INDIAN CANYON DR.

25 1180 N. INDIAN CANYON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E-320

27 E-320

City & State

City & State

23 PALM SPRINGS, CA

28 PALM SPRINGS, CA

Zip

Country

Zip

Country

24 92262

25 RIVERSIDE

29 92262

30 RIVERSIDE

4. FEI Number

65-0012760

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VOGEL, CHARLES MD  
160 NW 170TH ST  
N MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name

RICHARD DAVERSA

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

4306 ALTON ROAD

83

MIAMI BEACH, FL 33140

84

MIAMI BEACH

FL

85

Zip Code  
33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, CHARLES	
STREET ADDRESS	6232 HANCOCK RD.	
CITY-ST-ZIP	DAVIE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DAVERSA, RICHARD	
STREET ADDRESS	6673 NW 24 TERR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACDONALD, JOHN	
STREET ADDRESS	522 RIDGEVIEW LANE	
CITY-ST-ZIP	VILLANOVA PA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SALICK, BERNARD	
STREET ADDRESS	8201 BEVERLY BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, LESLIE	
STREET ADDRESS	8201 BEVERLY BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NESBITT, PAUL	
STREET ADDRESS	9601 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	

1.1 TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DURIE, BRIAN, M.D.	
1.3 STREET ADDRESS	8700 BEVERLY BLVD	
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90017	
2.1 TITLE	ADM. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUDAN NOBLE KEMPIN, R.N., M.G.	
2.3 STREET ADDRESS	1180 N. INDIAN CANYON DRIVE	
2.4 CITY-ST-ZIP	PALM SPRINGS, CA 92262	
3.1 TITLE	DR. R.D.M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANKEL, CYNTHIA, R.N.	
3.3 STREET ADDRESS	4306 ALTON ROAD	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SAUL BURAKOFF	
4.3 STREET ADDRESS	16087 ROYAL OAKS	
4.4 CITY-ST-ZIP	ENCINO, CA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/97

Date

Daytime Phone # 0032400

CR2E037 (9/96)