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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(4)

INTERCENTER CANCER RESEARCH GROUP, INC.

Mar 24 1998 8:00am				
Secretary of State				

EII ED

Principal Place of Business Mailing Address					ı ınacısan asa sınada sisin bidile fatila siski dibili gildil sibili bibli bibli bibli bibli bibli bibli	
1180 N. INDIA	N CANYON DR	1180 N INDIAN CANYON DE	₹		3. Date Incorporated or Qualified	
E-320	• • • • • • • • • • • • • • • • • • • •	E-320	•			
PALM SPRINGS	PALM SPRINGS CA 92262	SPRINGS CA 92262		11/17/1987 4. FEI Number Applied For		
08		U\$			4. FEI Number Applied For Not Applied For	
2. Principal Place of Business 2a. Mailing Addr						
21		26			5. Certificate of Status Desired See Required Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May 8e	
22		27	<u>-1</u>		Trust Fund Contribution	
City & Stat	e	City & State	City & State		7. Is this nonprofit corporation a homeowners association?	
23		28			Yes X No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curr		30		Personal Property Tax due June 30. Yes No	
	P. Name and Address of Corr	ent Registered Agent	81	Name	10. Name and Address of New Registered Agent	
DAVEDO	A DICUADO			Name		
	SA, RICHARD TON RD		82	Street	Address (P.O. Box Number is Not Acceptable)	
1	EACH FL 33410		83			
MIAMID	EACH FL 33410		Ľ	1		
			84	City	FL 85 Zip Codis	
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.						
agent. I a	egistored agent, or both, in the Sta m familiar with, and accept the obli	ie of Fiorida. Such change was at igations of, Section 617.0503, Flor	ithorized b ida Statute	ly the cor: es.	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
Signature, typed or printed name of registered agont and title if applicable (NOTE: Registe				ent eignature	e required when reinstating) DATE	
12.	RD OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TREASUREE Change Addition	
NAME	DURIE, BRIAN M	DELETE	1.1 TITLE		GUYAN NOBLE KEMPIN, R.N.	
STREET ADDRESS	8700 BEVERLY BLVD.		1.2 NAME		1180 N INDIAN CANYON PR, F-320	
CITY-ST-ZIP	LOS ANGELES CA			T ADORESS	PALM SPRINGS, CA 92262	
TITLE	ST ST	DELETE	1.4 City- 2.1 Title	51-ZIP	GECRETARY Change Daddition	
NAME	DAVERSA, RICHARD	×	2.2 NAME		GECRETARY CHANGE R.N. Change Maddition	
STREET ADDRESS	6673 NW 24 TERR			T ADDRESS	4306 ALTON ROAD	
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY		MIAMI BEACH, FL 33140	
TITLE			3.1 TITLE	J. 2.	PROSIDENT L'Change Addition	
NAME	MACDONALD, JOHN		3.2 NAME		JOHN MACDONALD	
STREET ADDRESS	ADDRESS 522 RIDGEVIEW LANE 3.35		3.3 STREE	T ADDRESS	1118TH AVENUE #1513	
CITY-ST-ZIP	VILLANOVA PA		3.4. CITY-	ST-ZIP	NEWYORK, NY 10013	
TITLE	DC	☐ DELETE	4.1 TITLE		CHAIRMAN . D.Change Addition	
NAME	SALICK, BERNARD		4. 2 NAME		BERNARD SALLCH	
STREET ADDRESS	8201 BEVERLY BLVD		4.3 STREE	T ADDRESS	407 NORTH MAPLE DRIVE	
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP		BENERLY HILLS, CA	
TITLE	D	☐ DELETE	5.1 TITLE		DIRECTOR Addition	
NAME	BELL, LESLIE		5.2 NAME		LESUS BELL	
STREET ADDRESS	8201 BEVERLY BLVD		5.3 STREE	ADDRESS	407 NORTH MAPLE DRIVE	
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY -	ST-ZIP	BENGRLY HILLS, CA.	
TITLE	D DATE DATE	DELETE	6.1 TITLE		DIRECTOR Change Maddition	
NAME	NESBITT, PAUL		6.2 NAME		Gaul Burakoff	
STREET ADDRESS	9601 WILSHIRE BLVD		6.3 STREET	ADDRESS	14087 ROYALOAKS	
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-5	ST-ZIP	ENCINO, CA.	

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

LOBLE KEMPIN SUSANDOBLE KEMPIN 3/13/98 **SIGNATURE:**