


FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90033 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23492

1. Corporation Name

INTERCENTER CANCER RESEARCH GROUP, INC.

Principal Place of Business

 1180 N. INDIAN CANYON DR
 E-320
 PALM SPRINGS CA 92262
 US

Mailing Address

 1180 N INDIAN CANYON DR
 E-320
 PALM SPRINGS CA 92262
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/17/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0012760	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 25		29 30			

9. Name and Address of Current Registered Agent

 DAVERSA, RICHARD
 4306 ALTON RD
 MIAMI BEACH FL 33410

10. Name and Address of New Registered Agent

81 Name	Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
83	
84 City	Tallahassee FL
85 Zip Code	32301

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

Carol K. Dolor **Carol K. Dolor** **Asst. Vice Pres** **4/8/99**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPIN, SUSAN N RN	1.2 NAME	DIT
STREET ADDRESS	1180 N INDIAN CANYON DR, E-320	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS CA 92262	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, CYNTHIA R	2.2 NAME	DIS
STREET ADDRESS	4306 ALTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JOHN	3.2 NAME	M DIM
STREET ADDRESS	1118TH AVENUE #1513	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10013	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALICK, BERNARD	4.2 NAME	
STREET ADDRESS	407 NORTH MAPLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LESLIE	5.2 NAME	
STREET ADDRESS	407 NORTH MAPLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESBITT, PAUL	6.2 NAME	
STREET ADDRESS	8601 WILSHIRE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	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 617, 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:

Susan N. Kempin **Susan N. Kempin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 760-416-4730

CR2E037 (11/98)