

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23492

1. Entity Name

INTERCENTER CANCER RESEARCH GROUP, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90031 025 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0012760

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVERSA, RICHARD
 4306 ALTON RD
 MIAMI BEACH FL 33410

*Please CHANGE
 AS WAS SUBMITTED*

Name

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

City

FL

Zip Code

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.

LAST YEAR (ATTACHED)

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
 NAME KEMPIN, SUSAN N RN
 STREET ADDRESS 1180 N INDIAN CANYON DR, E-320
 CITY-ST-ZIP PALM SPRINGS CA 92262

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS ☒ Delete
 NAME FRANKEL, CYNTHIA R
 STREET ADDRESS 4306 ALTON RD
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DM ☐ Delete
 NAME MACDONALD, JOHN
 STREET ADDRESS 1118TH AVENUE #1513
 CITY-ST-ZIP NEW YORK NY 10013

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE C ☒ Delete
 NAME SALICK, BERNARD
 STREET ADDRESS 407 NORTH MAPLE DR
 CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME BELL, LESLIE
 STREET ADDRESS 407 NORTH MAPLE DR
 CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME NESBITT, PAUL
 STREET ADDRESS 9601 WILSHIRE BLVD
 CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date


212-367-1711

Daytime Phone #

CR2E037 (5/00)

attachment N23492
D0086876

0082208

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 11/17/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0012760	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAVERSA, RICHARD 4306 ALTON RD MIAMI BEACH FL 33410				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 <u>Carol K. Dolor</u> <u>Carol K. Dolor Asst. Vice Pres</u> DATE <u>4/8/99</u>					
(NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEMPIN, SUSAN N RN	1.2 NAME			
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	DIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANKEL, CYNTHIA R	2.2 NAME			
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	M DIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACDONALD, JOHN	3.2 NAME			
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	9601 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

760-416-4730

Date

Daytime Phone #

CR2E037 (11/98)