

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23492

1. Entity Name

INTERCENTER CANCER RESEARCH GROUP, INC.

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90238 030 ****61.25

0016255

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

Zip

Country

Zip

Country

4. FEI Number

65-0012760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

TITLE	DT	<input type="checkbox"/> Delete
NAME	KEMPIN, SUSAN N RN	
STREET ADDRESS	1180 N INDIAN CANYON DR, E-320	
CITY-ST-ZIP	PALM SPRINGS CA 92262	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FRANKEL, CYNTHIA R	
STREET ADDRESS	4306 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DM	<input type="checkbox"/> Delete
NAME	MACDONALD, JOHN	
STREET ADDRESS	1118TH AVENUE #1513	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SALICK, BERNARD	
STREET ADDRESS	407 NORTH MAPLE DR	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, LESLIE	
STREET ADDRESS	407 NORTH MAPLE DR	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NESBITT, PAUL	
STREET ADDRESS	9601 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan N Kempin

8-15-01 212-3671711

CR2E037 (5/01)