# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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*SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:07

DOCUMENT # N36827 (6)

1. Corporation Name
ORLANDO CANCER CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 85 W MILLER ST<br>ORLANDO FL 32806 | 85 W MILLER ST<br>ORLANDO FL 32806 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3005020 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 M. D. Anderson Cancer
22 Suite, Apt. #, etc. Center Orlando
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

LOPMAN, ABE
85 WEST MILLER ST.
SUITE 401
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when restating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHAW, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 1515 HOLCOMBE BLVD BONX NCNB 525 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HARRELL, ROBERT M | 2.2 NAME | |
| STREET ADDRESS | 09139 RIDGE PINE TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANDERSON, AXEL W., III | 3.2 NAME | |
| STREET ADDRESS | 85 W MILLER ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | D ☒ Change ☐ Addition |
| NAME | HOGAN, LEE | 4.2 NAME | Hillenmeyer, John |
| STREET ADDRESS | 811 WALKER STREET FLOOR 25 | 4.3 STREET ADDRESS | 1414 Kuhl Avenue |
| CITY-ST-ZIP | HOUSTON TX 77002 | 4.4 CITY-ST-ZIP | Orlando, FL 32806 |
| TITLE | | 5.1 TITLE | D ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | Charles M. Balch, M.D. |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1515 Holcombe Blvd., Box 323 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Houston, TX 77030 |
| TITLE | | 6.1 TITLE | D ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Randall Meyer |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 601 Jefferson, Suite 975 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Houston, TX 77002 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Abe Lopman 407-649-6961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Abe Lopman

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