

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36827** (6)
1. Corporation Name
ORLANDO CANCER CENTER, INC.



Principal Place of Business: **85 W MILLER ST ORLANDO FL 32806**
Mailing Address: **85 W MILLER ST ORLANDO FL 32806**

3. Date Incorporated or Qualified: **02/27/1990**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-3005020**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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 Center**
2a. Mailing Address: **26 Orlando**
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. 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
85. Zip Code **FL**

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

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAW, ROBERT
STREET ADDRESS	1515 HOLCOMBE BLVD BONX CNB 525
CITY - ST - ZIP	HOUSTON TX
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HARRELL, ROBERT M
STREET ADDRESS	09139 RIDGE PINE TRAIL
CITY - ST - ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, AXEL W., III
STREET ADDRESS	85 W MILLER ST
CITY - ST - ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HILLENMEYER, JOHN
STREET ADDRESS	1414 KUHL AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BALCH, CHARLES M. MD
STREET ADDRESS	1515 HOLCOMBE BLVD BOX 323
CITY - ST - ZIP	HOUSTON TX
TITLE	D <input type="checkbox"/> DELETE
NAME	MEYER, RANDALL
STREET ADDRESS	601 JEFFERSON SUITE 975
CITY - ST - ZIP	HOUSTON TX

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Cowley, Edward
23 STREET ADDRESS	5360 Alligator Lake Road
24 CITY - ST - ZIP	St. Cloud, FL 34772
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), 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 Loman* **Abe Loman, Pres** 1/21/96 407-648-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)