

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36827

1. Entity Name

ORLANDO CANCER CENTER, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90073 042 ****61.25

Principal Place of Business

Mailing Address

1414 KUHLE AVENUE
 ORLANDO FL 32806
 US

1414 KUHLE AVENUE
 ORLANDO FL 32806-2008
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3005020

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLENMEYER, JOHN
 1414 KUHLE AVE
 ORLANDO FL 32801

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.

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

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	D	<input type="checkbox"/> Delete
NAME	COWLEY, EDWARD	
STREET ADDRESS	5360 ALLIGATOR LAKE ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D PC	<input type="checkbox"/> Delete
NAME	BROWN, III C H	
STREET ADDRESS	85 W MILLER ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLENMEYER, JOHN	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, P	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPMAN, A	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Row Har bert	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leroy Oetjev, MD	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Thomson	
STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	Orlando FL 32806	

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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)