

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90346 039 *****61.25

DOCUMENT # N36827

1. Entity Name

ORLANDO CANCER CENTER, INC.

Principal Place of Business

**1414 KUHLE AVENUE
ORLANDO FL 32806
US**

Mailing Address

**1414 KUHLE AVENUE
ORLANDO FL 32806
US**

2. Principal Place of Business

85 W Miller
Suite, Apt. #, etc.

3. Mailing Address

1414 Kuhl Ave
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. FEI Number

59-3005020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILLENMEYER, JOHN
1414 KUHLE AVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **COWLEY, EDWARD**
STREET ADDRESS **5360 ALLIGATOR LAKE ROAD**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ Delete
NAME **BROWN, III C H**
STREET ADDRESS **85 W MILLER ST**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **HILLENMEYER, JOHN**
STREET ADDRESS **1414 KUHLE AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **GOLDSTEIN, P**
STREET ADDRESS **1414 KUHLE AVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **LOPMAN, A**
STREET ADDRESS **1414 KUHLE AVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D.P** ☒ Change ☐ Addition
NAME **BROWN, III, CLARENCE H**
STREET ADDRESS **1414 Kuhl Ave**
CITY-ST-ZIP **Orlando FL 32806**

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

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **Detjen, LeRoy H, MD**
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: **4/4/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (407) 841-5155

Date

Daytime Phone #

CR2E037 (10/00)