

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90379 025 \*\*\*\*61.25

**DOCUMENT # N36827**

1. Entity Name

**ORLANDO CANCER CENTER, INC.**

Principal Place of Business

Mailing Address

**85 WEST MILLER  
 ORLANDO FL 32806  
 US**

**1414 KUHL AVENUE  
 MP2  
 ORLANDO FL 32806  
 US**

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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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLENMEYER, JOHN  
 1414 KUHL 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** ☐ Delete  
 NAME **COWLEY, EDWARD**  
 STREET ADDRESS **5380 ALLIGATOR LAKE ROAD**  
 CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **COWLEY, EDWARD**  
 STREET ADDRESS **1414 KUHL AVE., MP 700**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **D** ☐ Delete  
 NAME **BROWN, CLARENCE H III**  
 STREET ADDRESS **1414 KUHL AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **DP** ☒ Change ☐ Addition  
 NAME **BROWN, CLARENCE H. III**  
 STREET ADDRESS **1414 KUHL AVE., MP 700**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **BURNETT, HARVEY**  
 STREET ADDRESS **1414 KUHL AVE., MP 700**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **GOLDSTEIN, PAUL**  
 STREET ADDRESS **1414 KUHL AVE, MP 2**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **LOPMAN, ABE**  
 STREET ADDRESS **1414 KUHL AVE, MP 61**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **D** ☐ Delete  
 NAME **OETJEN, LEREYH MD**  
 STREET ADDRESS **1414 KUHL AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☒ Change ☐ Addition  
 NAME **OETJEN, LEROY H., M.D.**  
 STREET ADDRESS **1414 KUHL AVE., MP 4**  
 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

**4-15-02**

Date

Daytime Phone #

CR2E037 (9/01)

0012919

Attachment # Doc # 1136827 B0089925

ADDITIONS:

D/COO

Anne Peach

1414 Kuhl Ave., MP 700

Orlando, FL 32806

D/CFO

Jennifer Thomson

1414 Kuhl Ave., MP 2

Orlando, FL 32806