

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36827

**FILED**  
**Apr 01, 2004**  
**Secretary of State****Entity Name:** ORLANDO CANCER CENTER, INC.**Current Principal Place of Business:**85 WEST MILLER  
ORLANDO, FL 32806 US**New Principal Place of Business:**1400 S. ORANGE AVENUE  
ORLANDO, FL 32806 US**Current Mailing Address:**ORLANDO REGIONAL HEALTHCARE  
PO BOX 562008  
ORLANDO, FL 328562008 US**New Mailing Address:**C/O ORLANDO REGIONAL HEALTHCARE  
1414 KUHL AVENUE, MP 2  
ORLANDO, FL 32806 US**FEI Number:** 59-3005020**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HILLENMEYER, JOHN  
1414 KUHL AVE  
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** COWLEY, EDWARD  
**Address:** 1414 KUHL AVE MP 700  
**City-St-Zip:** ORLANDO, FL 32806**Title:** DP ( ) Delete  
**Name:** BROWN, CLARENCE H III  
**Address:** 1414 KUHL AVE MP 700  
**City-St-Zip:** ORLANDO, FL 32806**Title:** D ( ) Delete  
**Name:** HILLENMEYER, JOHN  
**Address:** 1414 KUHL AVE  
**City-St-Zip:** ORLANDO, FL**Title:** D ( ) Delete  
**Name:** GOLDSTEIN, PAUL  
**Address:** 1414 KUHL AVE MP 700  
**City-St-Zip:** ORLANDO, FL 32806**Title:** D ( ) Delete  
**Name:** OETJEN, LEREY H  
**Address:** 1414 KUHL AVE MP 700  
**City-St-Zip:** ORLANDO, FL 32806**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** CP (X) Change ( ) Addition  
**Name:** BROWN, CLARENCE H III  
**Address:** 1414 KUHL AVE MP 700  
**City-St-Zip:** ORLANDO, FL 32806**Title:** D (X) Change ( ) Addition  
**Name:** SITARIK, SHERRIE  
**Address:** 1414 KUHL AVE  
**City-St-Zip:** ORLANDO, FL**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** OETJEN, LEROY H M.D.  
**Address:** 1414 KUHL AVE MP 700  
**City-St-Zip:** ORLANDO, FL 32806**Title:** D ( ) Change (X) Addition  
**Name:** BURNETT, HARVEY  
**Address:** 1414 KUHL AVENUE  
**City-St-Zip:** ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE H. BROWN, III M.D.

CP

04/01/2004

Electronic Signature of Signing Officer or Director

Date