

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36827

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: ORLANDO CANCER CENTER, INC.

## Current Principal Place of Business:

1400 S. ORANGE AVENUE  
ORLANDO, FL 32806 US

## New Principal Place of Business:

## Current Mailing Address:

C/O ORLANDO REGIONAL HEALTHCARE  
1414 KUHL AVENUE, MP 2  
ORLANDO, FL 32806 US

## New Mailing Address:

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, MP 1  
ORLANDO, FL 32806 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: HILLENMEYER, JOHN  
Address: 1414 KUHL AVE MP 1  
City-St-Zip: ORLANDO, FL 32806

Title: CP ( ) Delete  
Name: BROWN, CLARENCE H III  
Address: 1414 KUHL AVE MP 700  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: SITARIK, SHERRIE  
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, LEROY H M.D.  
Address: 1414 KUHL AVE MP 700  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: BURNETT, HARVEY  
Address: 1414 KUHL AVENUE  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAUL A. GOLDSTEIN

D

04/09/2007

Electronic Signature of Signing Officer or Director

Date