

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Murtha
Secretary of State
Division of Corporate Information

APPROVED
AND
FILED

95 MAY -1 AM 9:01

DOCUMENT # P12280

(4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name:

COMPREHENSIVE CANCER CENTERS, INC.

2. Principal Place of Business:

8201 BEVERLY BLVD
LOS ANGELES CA 90048

3. Mailing Address:

C/O L. F. BELL
8201 BEVERLY BLVD
LOS ANGELES CA 90048
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1986

3a. Date of Last Report

02/22/1994

21. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

24

25

26

26. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

29

30

4. FIC Number

95-3901271

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. This corporation has taken, for compliance, the under 9-103-030
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(4) and 607.01(5)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(5)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. NAME

30. STREET ADDRESS

31. CITY, ST, ZIP

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

35. NAME

36. STREET ADDRESS

37. CITY, ST, ZIP

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39. STREET ADDRESS

40. CITY, ST, ZIP

41. NAME

42. STREET ADDRESS

43. CITY, ST, ZIP

44. NAME

45. STREET ADDRESS

46. CITY, ST, ZIP

47. NAME

48. STREET ADDRESS

49. CITY, ST, ZIP

50. NAME

51. STREET ADDRESS

52. CITY, ST, ZIP

SIGNATURE:

Leslie F. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LESLIE F. BELL

4-20-95

243-966-3410