

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P12280**

1. Entity Name

**COMPREHENSIVE CANCER CENTERS, INC.**

Principal Place of Business

**8201 BEVERLY BLVD  
C/O LEGAL DEPARTMENT  
LOS ANGELES CA 90048**

Mailing Address

**8201 BEVERLY BLVD  
C/O LEGAL DEPARTMENT  
LOS ANGELES CA 90048  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-3901271** Applied For ☐ Not Applicable ☐

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

**CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GODDARD, JOHN G<br/>1800 CONCORD PIKE<br/>WILMINGTON DE 19803</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCEO<br/>JESSUP, PETER H<br/>8201 BEVERLY BLVD<br/>LOS ANGELES CA 90048</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DEVF<br/>ROGERS, PETER<br/>8201 BEVERLY BLVD<br/>LOS ANGELES CA 90048</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPS<br/>GOFF, ANITA<br/>8201 BEVERLY BLVD<br/>LOS ANGELES CA 90048</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AT<br/>DAVIES, GREGORY A<br/>1800 CONCORD PIKE<br/>WILMINGTON DE 19803</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AT<br/>BRAZZO, JOHN P<br/>1800 CONCORD PIKE<br/>WILMINGTON DE 19803</b> <input type="checkbox"/> Delete     |

|                                                |                                                                                                                                                             |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>EVPS<br/>Goff, Anita R.<br/>8201 Beverly Blvd<br/>Los Angeles, CA 90048</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peter H. Jessup**

Date

**3-8-02**

Daytime Phone #

**323-966-3400**

CR2E034 (9/01)

0614731 AT

FILED

**Apr 01, 2002 8:00 am  
Secretary of State**

04-01-2002 90655 042 \*\*\*150.00

*Attachment Doc#* P12280  
615403  
Comprehensive Cancer Centers, Inc. (CA)  
8201 Beverly Blvd  
Los Angeles, CA 90048

**Board of Directors:**

Peter H. Jessup  
John G. Goddard  
Peter J. Rogers

**Officers:**

Peter H. Jessup  
Peter J. Rogers  
Marc L. Hecksel  
Anita R. Goff  
Michael S. Rhind  
Gregory A. Davies  
John P. Brazzo  
Glenn M. Engelmann  
Ann V. Booth-Barbarin

Chairman, CEO & President  
EVP, CFO & Treasurer  
EVP & COO  
EVP & Secretary  
Assistant Treasurer  
Assistant Treasurer  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary